



BA20250280978



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250280978

Date Filed: 2/7/2025

Entity Details			
Corporation Name	Reliable Medical Billing Inc		
Entity No.	6562890		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344		
Mailing Address of Corporation			
Mailing Address	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344		
Officers			
Officer Name	Officer Address	Position(s)	
+ Allaine Palomer	8807 COLLET AVE NORTH HILLS, CA 91343	Chief Financial Officer	
+ Rodolfo A Santos Jr	102 HINTERLAND WAY LADERA RANCH, CA 92694	Secretary	
+ J Dominic Reyes	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344	Chief Executive Officer	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
+ Allaine Palomer	8807 COLLET AVE NORTH HILLS, CA 91343		
+ Rodolfo Santos Jr	102 HINTERLAND WAY LADERA RANCH, CA 92694		
+ J Dominic Reyes	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	J. Dominic Reyes		
Agent Address	15647 VIEWRIDGE LANE GRANADA HILLS, CA 91344		
Type of Business			

B3427-8336 02/07/2025 12:36 PM Received by California Secretary of State

Type of Business	Management Consultation
Email Notifications Opt-in Email Notifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.
Labor Judgment No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.	
<i>J Dominic Reyes</i>	<i>02/07/2025</i>
Signature	Date