

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057672

**Entity Name:** MEDCODE, LLC

**Current Principal Place of Business:**

10531 SUNSET STRIP  
SUNRISE, FL 33322

**Current Mailing Address:**

10531 SUNSET STRIP  
SUNRISE, FL 33322

**FEI Number:** 36-4558890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEID, ZALIKA  
10531 SUNSET STRIP  
SUNRISE, FL 33322 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            MGR  
Name            LEID, ZALIKA  
Address        10531 SUNSET STRIP  
City-State-Zip: SUNRISE FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZALIKA LEID

**MANAGER**

**04/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date