

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063098

Entity Name: HEALTHCARE BILLING PROS, LLC

Current Principal Place of Business:

7777 N UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321

Current Mailing Address:

7777 N UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321 US

FEI Number: 20-1542813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY
3901 NW 79TH AVE
SUITE 104
DORAL, FL 33166 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 MGRM
Name GREEN, MATTHEW
Address 2583 TIMBERCREEK CIRCLE
City-State-Zip: BOCA RATON FL 33431

Title MGRM
Name CUERVO, JORGE
Address 404 RESORT LANE
City-State-Zip: PALM BEACH GARDENS FL 33418

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: JORGE CUERVO

MGRM

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date