

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092813

Entity Name: MEDICARE ACCOUNTABILITY REIMBURSEMENT SOLUTIONS, LLC

FILED
Apr 21, 2015
Secretary of State
CC4291751094

Current Principal Place of Business:

912 JACKSON ST N
ST. PETERSBURG, FL 33705

Current Mailing Address:

912 JACKSON ST N
ST. PETERSBURG, FL 33705

FEI Number: 20-2115682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, JEANNINE
546 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704-2830 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	Title	MGRM
Name	HART, JEANNINE	Name	HART, RICHARD
Address	546 26TH AVENUE NORTH	Address	546 26TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33704-2830	City-State-Zip:	ST. PETERSBURG FL 33704-2830

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: JEANNINE HART

OWNER/PRES

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date