

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010348

**Entity Name:** MEDCODING ASSOCIATES, LLC

**Current Principal Place of Business:**

7750 NW 197 STREET  
HIALEAH, FL 33015

**Current Mailing Address:**

7750 NW 197 STREET  
HIALEAH, FL 33015 US

**FEI Number: 26-4313395**

**Certificate of Status Desired: No**

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

MELENDEZ, DARLING E  
7750 NW 197 STREET  
HIALEAH, FL 33015 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 MELENDEZ, DARLING E  
Address 7750 NW 197 STREET  
City-State-Zip: HIALEAH FL 33015

Title MGRM  
Name ROMAN, JUAN MJR.  
Address 7750 NW 197 STREET  
City-State-Zip: HIALEAH FL 33015

Title AMBR  
Name ROMAN, JUAN M SR  
Address 7750 NW 197 STREET  
City-State-Zip: HIALEAH FL 33015

*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: JUAN M. ROMAN**

**MANAGER**

**01/23/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date