

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034948

Entity Name: A-1 BILLING CHIRO-MED SERVICES LLC

Current Principal Place of Business:

1009 QUINTILIAN AVE
ORLANDO, FL 32809

Current Mailing Address:

2064 BEARING LANE
KISSIMMEE, FL 34744

FEI Number: 26-4712921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESQUIJEROSA, YARELIS
1009 QUINTILIAN AVE
ORLANDO, FL 32809 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 ESQUIJEROSA, YARELIS
Address 1009 QUINTILIAN AVE
City-State-Zip: ORLANDO FL 32809

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YARELIS ESQUIJEROSA

MGR

04/18/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date