

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000088069

Entity Name: MEDICAL BILLING RECOVERY SPECIALISTS LLC

Current Principal Place of Business:

2161 PALM BEACH LAKES BLVD.
202
WEST PALM BEACH, FL 33409

Current Mailing Address:

2161 PALM BEACH LAKES BLVD.
202
WEST PALM BEACH, FL 33409 US

FEI Number: 27-3358302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORT, DAVID H
2161 PALM BEACH LLAKES BLVD.
202
WEST PALM BEACH, FL 33409 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 PORT, DAVID H
Address 2161 PALM BEACH LAKES BLVD
City-State-Zip: WEST PALM BEACH FL 33409

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: DAVID H PORT

MGRM

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date