

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000086915

Entity Name: NORTH SHORE MEDICAL BILLING CENTER, L.L.C.

Current Principal Place of Business:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75202

Current Mailing Address:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75202 US

FEI Number: 45-2861363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 NORTH SHORE MEDICAL CENTER,
INC.
Address 1445 ROSS AVENUE, SUITE 1400
City-State-Zip: DALLAS TX 75202

Title SEC OF MGRM
Name MACK, KRISTINA
Address 1445 ROSS AVENUE, SUITE 1400
City-State-Zip: DALLAS TX 75202

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: KRISTINA MACK

SECRETARY OF MGRM

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date