

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086915

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

**Current Principal Place of Business:**

14201 DALLAS PKWY  
DALLAS, TX 75254

**Current Mailing Address:**

14201 DALLAS PKWY  
DALLAS, TX 75254 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	Title	SEC OF MGRM
Name	NORTH SHORE MEDICAL CENTER, INC.	Name	MACK, KRISTINA
Address	14201 DALLAS PKWY	Address	14201 DALLAS PKWY
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254

*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 A. MACK**

**SECRETARY OF MGRM**

**03/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date