

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000078549

**Entity Name:** MD MEDICAL BILLING LLC

**Current Principal Place of Business:**

681 SW SARAZEN AVE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

PO BOX 815136  
HOLLYWOOD, FL 33081-5136 US

**FEI Number:** 45-5519243

**Certificate of Status Desired:** No

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

REYES, ELIZABETH  
681 SW SARAZEN AVE  
PORT ST LUCIE, FL 34953 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:** ELIZABETH REYES

02/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	OWNER
Name	CORTEZ, CYNTHIA	Name	REYES, ELIZABETH
Address	PO BOX 815136	Address	681 SW SARAZEN AVE
City-State-Zip:	HOLLYWOOD FL 33081-5136	City-State-Zip:	PORT ST LUCIE FL 34953

*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:** CYNTHIA CORTEZ

MANAGER

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date