## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000078549

Entity Name: MD MEDICAL BILLING LLC

**Current Principal Place of Business:** 

3510 NW 174 STREET MIAMI GARDENS, FL 33056

**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:

LIVINGSTON, ANNAMARIE 3510 NW 174 STREET MIAMI GARDENS, FL 33056 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: ANNAMARIE LIVINGSTON 01/28/2015

Electronic Signature of Registered Agent

Date

FILED Jan 28, 2015

**Secretary of State** 

CC3496507101

Authorized Person(s) Detail:

Title MANAGER Title OWNER

NameCORTEZ, CYNTHIANameLIVINGSTON, ANNAMARIEAddressPO BOX 815136Address3510 NW 174 STREETCity-State-Zip:HOLLYWOOD FL 33081-5136City-State-Zip:MIAMI GARDENS FL 33056

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

Electronic Signature of Signing Authorized Person(s) Detail

01/28/2015 Date