

**2016 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

01/13/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	OWNER
Name	CORTEZ, CYNTHIA	Name	LIVINGSTON, ANNAMARIE
Address	PO BOX 815136	Address	3510 NW 174 STREET
City-State-Zip:	HOLLYWOOD FL 33081-5136	City-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:** ANNAMARIE LIVINGSTON

OWNER

01/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date