

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000003359

Entity Name: MD, MEDICAL BILLING SERVICES, LLC

Current Principal Place of Business:

1420 SE 4TH AVENUE, #5
POMPANO , FL 33060

Current Mailing Address:

1420 SE 4TH AVENUE, #5
POMPANO , FL 33060 US

FEI Number: 46-1748001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMINGUEZ, MARIANA
1420 SE 4TH AVENUE
5
POMPANO BEACH, FL 33060 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 PRESIDENT
Name DOMINGUEZ, MARIANA
Address 1420 SE 4TH AVENUE, #5
City-State-Zip: POMPANO FL 33060

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: MARIANA DOMINGUEZ

OWNER

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date