

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000046246

Entity Name: PRAXIS BILLING AND CONSULTING ASSOCIATES LLC.

Current Principal Place of Business:

P.O BOX 541413
GREENACRES, FL 33467

Current Mailing Address:

P.O BOX 541413
GREENACRES, FL 33467 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ELISS, ELIJAH D
P.O BOX 541413
GREENACRES, FL 33467 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: ELIJAH D ELISS

04/23/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NORZEA, SABINE
Address P.O BOX 541413
City-State-Zip: GREENACRES FL 33467

Title MGR
Name ELISDORT, ELIE
Address P.O BOX 541413
City-State-Zip: GREENACRES FL 33467

Title MGR
Name ELISS, ELIJAH D
Address P.O BOX 541413
City-State-Zip: GREENACRES FL 33467

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: ELIJAH D ELISS

MGR

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date