

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138827

Entity Name: SHAFER BILLING PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

2941 W SR 434
SUITE 400
LONGWOOD, FL 32779

Current Mailing Address:

2941 W SR 434
SUITE 400
LONGWOOD, FL 32779 US

FEI Number: 46-3844995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	MGR	Title	S
Name	SHAFER, LAUREN	Name	SHAFER, LAUREN
Address	2941 W SR 434 SUITE 400	Address	2941 W SR 434 SUITE 400
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

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: LAUREN SHAFER

OWNER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date