

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000138827

**Entity Name:** SHAFER BILLING PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

634 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

634 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 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	HOLDER, LAUREN	Name	HOLDER, LAUREN
Address	634 NORTH DIXIE FREEWAY	Address	634 NORTH DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168

*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 HOLDER

**OWNER**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date