

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000143861

**Entity Name:** MD BILLING LLC

**Current Principal Place of Business:**

3263 SW 24 TERR  
CORAL GABLES, FL 33145

**Current Mailing Address:**

3263 SW 24 TERR  
CORAL GABLES, FL 33145

**FEI Number:** 46-3858804

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOMINGUEZ, MARTHA A  
3263 SW 24 TERR  
CORAL GABLES, 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 MGRM  
Name DOMINGUEZ, MARTHA A  
Address 3263 SW 24 TERR  
City-State-Zip: CORAL GABLES FL 33145

*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:** MARTHA A. DOMINGUEZ

**PRESIDENT**

**02/26/2014**

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

\_\_\_\_\_ Date