

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000008893

**Entity Name:** S.A.M. MEDICAL BILLING SOLUTIONS, LLC

**Current Principal Place of Business:**

104 SE LONITA STREET  
STUART, FL 34994

**Current Mailing Address:**

104 SE LONITA STREET  
STUART, FL 34994

**FEI Number:** 46-2733520

**Certificate of Status Desired:** No

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

ALBERT, SAMANTHA  
104 SE LONITA STREET  
STUART, FL 34994 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:** SAMANTHA ALBERT

02/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALBERT, SAMANTHA  
Address 541 SW TODD AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34983

*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:** SAMANTHA ALBERT

MANAGER

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date