#### **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000008893

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

Jan 29, 2021 Secretary of State 3633173953CC

**FILED** 

# **Current Principal Place of Business:**

1342 SW BAYSHORE BLVD PORT ST LUCIE. FL 34983

# **Current Mailing Address:**

541 SW TODD AVE

PORT ST LUCIE. FL 34983 US

FEI Number: 46-2733520 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ALBERT, SAMANTHA 1342 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 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 01/29/2021

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SAMANTHA ALBERT

PRESIDENT

01/29/2021

Date