

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136877

**Entity Name:** SUN MEDICAL BILLING AND CONSULTATION SERVICES, LLC

**Current Principal Place of Business:**

4210 SE 168TH ST.  
INGLIS, FL 34449

**Current Mailing Address:**

PO BOX 1012  
INGLIS, FL 34449 US

**FEI Number:** 47-4824849

**Certificate of Status Desired:** No

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

JABER, TALIB  
152 PORGEE ROCK PL  
JUPITER, FL 33458 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:** TALIB JABER

01/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LOFTIN, CAROL D.	Name	DAVIS, WENDI A.
Address	4210 SE 168TH ST.	Address	4210 SE 168TH ST
City-State-Zip:	INGLIS FL 34449	City-State-Zip:	INGLIS FL 34449
Title	MGR		
Name	JABER, TALIB		
Address	327 W. LANTANA ROAD SUITE: WELLCARE		
City-State-Zip:	LANTANA FL 33462		

*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:** TALIB JABER

MGR

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date