

2016 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:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 AMBR
Name LOFTIN, CAROL D
Address 4210 SE 168TH ST.
City-State-Zip: INGLIS FL 34449

Title AMBR
Name DAVIS, WENDI A
Address 4210 SE 168TH ST.
City-State-Zip: INGLIS FL 34449

Title AMBR
Name SYED, MUHAMMAD K
Address 8432 IRONHORSE CT
City-State-Zip: WEST PALM BEACH FL 33412

Title AMBR
Name TARUGU, VIKRAM
Address 10581 VERSAILLES BLVD
City-State-Zip: WELLINGTON FL 33449

Title AMBR
Name JABER, TALIB
Address 152 PORGEE ROCK PL
City-State-Zip: JUPITER FL 33458

Title AMBR
Name MARTINEZ, HERIBERTO ERNESTO
Address 2546 WEST 6 AVE
City-State-Zip: HIALEAH FL 33010

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: CAROL DIANE LOFTIN**OWNER****04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date