

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000090394

Entity Name: MEDICAL BILLING SYSTEMS, LLC

Current Principal Place of Business:

1500 W CYPRESS CREEK BLVD
SUITE 417
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 W CYPRESS CREEK BLVD
SUITE 417
FORT LAUDERDALE, FL 33309 UN

FEI Number: 81-2562486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN MADDEN, PA
900 SE OCEAN BLVD
#126C
JUPITER, 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	SYROP, DIANNE	Name	SYROP, AMANDA
Address	152 UMBRELLA PLACE	Address	152 UMBRELLA PLACE
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458

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: DIANNE SYROP

MGR

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date