

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000157310

Entity Name: HEALTHCARE REVENUE SOLUTIONS LLC

Current Principal Place of Business:

4600 BAYSHORE BLVD NE
ST. PETERSBURG, FL 33703

Current Mailing Address:

4600 BAYSHORE BLVD NE
ST. PETERSBURG, FL 33703

FEI Number: 35-2593113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAKOWSKI, SARA
4600 BAYSHORE BLVD NE
ST. PETERSBURG, FL 33703 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 DIRECTOR
Name KRAKOWSKI, SARA A
Address 4600 BAYSHORE BLVD NE
City-State-Zip: ST. PETERSBURG FL 33703

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: SARA KRAKOWSKI

DIRECTOR

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date