

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000159199

Entity Name: ASPIRE BILLING & HEALTH SERVICES, LLC

Current Principal Place of Business:

1652 SW BAYSHORE BLVD.
PORT ST LUCIE , FL 34984

Current Mailing Address:

1652 SW BAYSHORE BLVD.
PORT ST LUCIE , FL 34984 US

FEI Number: 82-2282605

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANGELA N. MARTINEZ, P.A.
2100 PONCE DE LEON BOULEVARD
1045
CORAL GABLES, FL 33134 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 PORAVAS , CHRISTOS
Address 1652 SW BAYSHORE BLVD.
City-State-Zip: PORT ST LUCIE FL 34984

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: CHRISTOS PORAVAS

MANAGING DIRECTOR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date