

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000072775

**Entity Name:** INFUSION BILLING SOLUTIONS, LLC

**Current Principal Place of Business:**

11148 NW 1ST PLACE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

11148NW 1ST PLACE  
CORAL SPRINGS, FL 33071 US

**FEI Number: 82-4903502**

**Certificate of Status Desired:** No

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

NOUEL, ERYKA C  
11148NW 1ST PLACE  
CORAL SPRINGS, FL 33071 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           MANAGER  
Name           NOUEL, ERYKA CRYSTAL  
Address       11148 NW 1ST PLACE  
City-State-Zip: CORAL SPRINGS FL 33071

Title           AUTHORIZED REPRESENTATIVE  
Name           DIAZ, DENIS LUIS  
Address       11148 NW 1ST PLACE  
City-State-Zip: CORAL SPRINGS FL 33071

*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: DENIS DIAZ**

**CFO**

**02/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date