

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000073941

Entity Name: EMPOWER MEDICAL BILLING LLC

Current Principal Place of Business:

4112 WINONA DR.
ORLANDO, FL 32812

Current Mailing Address:

4112 WINONA DR.
ORLANDO, FL 32812

FEI Number: 83-4597227

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NUNEZ, ROSITA M
4112 WINONA DR
ORLANDO, FL 32812 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 OWNER
Name NUNEZ, ROSITA M
Address 4112 WINONA DR
City-State-Zip: ORLANDO FL 32812

Title AP
Name KENT, SONIA
Address 1707 TRUMAN RD
City-State-Zip: ORLANDO FL 32807

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: ROSITA NUNEZ

OWNER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date