

**2021 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**

**03/30/2021**

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

\_\_\_\_\_  
Date