

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000097117

**Entity Name:** STEP BY STEP PODIATRIC BILLING SERVICES, LLC

**Current Principal Place of Business:**

554 HARRISWOOD CT.  
DAVENPORT, FL 33837

**Current Mailing Address:**

554 HARRISWOOD CT.  
DAVENPORT, FL 33837 US

**FEI Number:** 45-3687147

**Certificate of Status Desired:** No

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

GUILIANA, JOHN  
554 HARRISWOOD CT.  
DAVENPORT, FL 33837 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            GUILIANA, STEPHANIE  
Address        554 HARRISWOOD CT.  
City-State-Zip: DAVENPORT FL 33837

*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:** STEPHANIE GUILIANA

**OWNER**

**04/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date