

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000101058

**Entity Name:** CREDENTIALLED MEDICAL CODERS HCS LLC

**Current Principal Place of Business:**

7291 ISLAMORADA CIRCLE  
SEMINOLE, FL 33777

**Current Mailing Address:**

7291 ISLAMORADA CIRCLE  
SEMINOLE, FL 33777 US

**FEI Number:** 82-5318691

**Certificate of Status Desired:** Yes

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

WITTER, CHERICE N  
11125 PARK BOULEVARD, 104326  
SEMINOLE, FL 33772 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:** CHERICE WITTER

01/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WITTER, CHERICE N  
Address 11125 PARK BOULEVARD  
City-State-Zip: SEMINOLE FL 33772

*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:** CHERICE WITTER

OWNER

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date