

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000094094

Entity Name: LATITUDE MEDICAL BILLING LLC

Current Principal Place of Business:

2005 PAN AM CIRCLE
SUITE 120
TAMPA, FL 33607

Current Mailing Address:

8807 CITRUS VILLAGE DR APT 201
TAMPA, FL 33626 US

FEI Number: 83-4403110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, BONNIE J
2005 PAN AM CIRCLE SUITE 120
TAMPA, FL 33607 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: BONNIE J OLIVER

03/27/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MS
Name OLIVER, BONNIE
Address 8807 CITRUS VILLAGE DR APT 201
City-State-Zip: TAMPA FL 33626

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: BONNIE J OLIVER

CEO

03/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date