

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000210692

**Entity Name:** ALLEGIANT BILLING CARE LLC

**Current Principal Place of Business:**

5001 LAUREL OAK DR  
RIVIERA, FL 33410

**Current Mailing Address:**

5001 LAUREL OAK DR  
RIVIERA, FL 33410

**FEI Number:** 84-2841131

**Certificate of Status Desired:** No

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

SALMONS, KELLEY A  
5001 LAUREL OAK DR  
RIVIERA, FL 33410 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:** KELLEY SALMONS

07/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MNGR, MANAGER	Title	AMBR
Name	SALMONS, ROBERT JR.	Name	SALMONS, KELLEY
Address	5001 LAUREL OAK DR	Address	5001 LAUREL OAK DR
City-State-Zip:	RIVIERA FL 33410	City-State-Zip:	RIVIERA FL 33410

*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:** KELLEY SALMONS

MEMBER

07/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date