

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