

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000212930

**Entity Name:** BEACON 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:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GUILIANA, STEPHANIE  
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

Title            AMBR  
Name            KLINE, DANA  
Address        128 S LONGBOAT DR  
City-State-Zip: LITTLE EGG HARBOR TWP NJ 08087

*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

**MEMBER**

**05/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date