

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000352292

Entity Name: LMC IDEAL MEDICAL BILLING, LLC

Current Principal Place of Business:

2501 NE 4TH STREET
POMPANO BEACH, FL 33062

Current Mailing Address:

2501 NE 4TH STREET
POMPANO BEACH, FL 33062

FEI Number: 85-3988921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORTE, CECILIA A
2501 NE 4TH STREET
POMPANO BEACH, FL 33062 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 FORTE, MICHAEL L
Address 2501 NE 4TH ST
City-State-Zip: POMPANO BEACH FL 33062

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: MICHAEL FORTE

OWNER

03/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date