

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000490291

**Entity Name:** EFFICIENT MEDICAL BILLING & CODING SERVICES LLC

**Current Principal Place of Business:**

451 FORT PIERCE ST SW  
PALM BAY, FL 32908

**Current Mailing Address:**

451 FORT PIERCE ST SW  
PALM BAY, FL 32908 US

**FEI Number: 87-3548828**

**Certificate of Status Desired: No**

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

LUIS, CHRISTIE V  
451 FORT PIERCE ST SW  
PALM BAY, FL 32908 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 CEO  
Name LUIS, CHRISTIE V  
Address 451 FORT PIERCE ST SW  
City-State-Zip: PALM BAY FL 32908

Title CEO  
Name LUIS, RICARDO J  
Address 451 FORT PIERCE ST SW  
City-State-Zip: PALM BAY FL 32908

Title ASST. SECRETARY  
Name LUIS, CALVIN A  
Address 451 FORT PIERCE ST SW  
City-State-Zip: PALM BAY FL 32908

Title SECRETARY  
Name LUIS, JAYVIAN C  
Address 451 FORT PIERCE ST SW  
City-State-Zip: PALM BAY FL 32908

Title ASST. SECRETARY  
Name LUIS, LONDYN A  
Address 451 FORT PIERCE ST SW  
City-State-Zip: PALM BAY FL 32908

*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: CHRISTIE LUIS**

**CEO**

**04/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date