

2022 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: Yes

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

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date