

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000810

Entity Name: MEDICAL MUTUAL SERVICES, LLC

Current Principal Place of Business:

15885 W. SPRAGUE RD.
STRONGSVILLE, OH 44136

Current Mailing Address:

2060 EAST NINTH ST.
CLEVELAND, OH 44115 US

FEI Number: 34-1922587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name CHIRICOSTA, RICK A
Address 2060 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44115

Title MGR
Name DECENSI, PATRICIA B
Address 2060 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44115

Title MANAGER
Name MUELLER, RAYMOND K
Address 2060 EAST NINTH ST.
City-State-Zip: CLEVELAND OH 44115

Title MANAGER
Name LARKINS, STEFFANY M
Address 2060 EAST NINTH ST.
City-State-Zip: CLEVELAND OH 44115

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: RICK A CHIRICOSTA

MANAGER

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date