

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006107

**Entity Name:** SUNBELT MEDICAL BILLINGS, LLC

**Current Principal Place of Business:**

1451 WEST CYPRESS CREEK ROAD  
SUITE 206  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1451 WEST CYPRESS CREEK ROAD  
SUITE 206  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 65-0519430

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MGRM	Title	PRESIDENT
Name	GORDON, JON	Name	AGARTH, DAVID
Address	1451 WEST CYPRESS CREEK ROAD SUITE 206	Address	1451 WEST CYPRESS CREEK ROAD SUITE 206
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

*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:** DAVID AGARTH

**PRESIDENT**

**01/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date