

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006107

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

**Current Principal Place of Business:**

1475 W. CYPRESS CREEK RD  
SUITE 204  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1475 W. CYPRESS CREEK RD  
SUITE 204  
FT. 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  
Name GORDON, JON  
Address 1475 W. CYPRESS CREEK RD  
SUITE 204  
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY  
Name EDWARDS, JEAN  
Address 1475 W. CYPRESS CREEK RD  
SUITE 204  
City-State-Zip: FT. LAUDERDALE FL 33309

Title PRESIDENT  
Name AGARTH, DAVID  
Address 1475 W. CYPRESS CREEK RD  
SUITE 204  
City-State-Zip: FT. 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: JEAN EDWARDS**

**SECRETARY**

**04/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date