

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000057095

**FILED
Apr 26, 2019
Secretary of State
3673306628CC**

Entity Name: THRIVE MEDICAL BILLING, INC.

Current Principal Place of Business:

3580 S. OCEAN SHORE BLVD., UNIT 310
FLAGLER BCH., FL 32136

Current Mailing Address:

3580 S. OCEAN SHORE BLVD., UNIT 310
FLAGLER BCH., FL 32136 US

FEI Number: 82-2031629

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYLE, BRYAN
3580 S. OCEAN SHORE BLVD., UNIT 310
FLAGLER BCH., FL 32136 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

Officer/Director Detail :

Title P/D
Name BOYLE, CHRISTINE
Address 3580 S. OCEAN SHORE BLVD., UNIT 310
City-State-Zip: FLAGLER BCH. FL 32136

Title T/S
Name BOYLE, BRYAN
Address 3580 S. OCEAN SHORE BLVD., UNIT 310
City-State-Zip: FLAGLER BCH. FL 32136

Title D
Name BOYLE, BRYAN
Address 3580 S. OCEAN SHORE BLVD., UNIT 310
City-State-Zip: FLAGLER BCH. FL 32136

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN BOYLE

CFO

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date