

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000057095

**FILED**  
**Mar 21, 2018**  
**Secretary of State**  
**CC9141642111**

**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**

**03/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date