

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000064173

Entity Name: AVANT-GARDE MEDICAL BILLING, INC.**Current Principal Place of Business:**5400 CORACI BLVD
APARTMENT 3208
PORT ORANGE, FL 32128**Current Mailing Address:**5400 CORACI BLVD
APARTMENT 3208
PORT ORANGE, FL 32128 US**FEI Number: 87-1692481****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL, INC.
115 N CALHOUN ST STE 4
TALLAHASSEE, FL 32301 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
Name	MEDDIS, DANYELLE
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

Title	P
Name	PIERCE, SOPHIA
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

Title	S
Name	MEDDIS, DANYELLE
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

Title	T
Name	PIERCE, SOPHIA
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

Title	D
Name	PIERCE, SOPHIA
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

Title	D
Name	MEDDIS, DANYELLE
Address	5400 CORACI BLVD APARTMENT 3208
City-State-Zip:	PORT ORANGE FL 32128

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: SOPHIA PIERCE**P****04/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date