

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106834

**Entity Name:** MEDWORKS MEDICAL BILLING & CONSULTING LLC

**Current Principal Place of Business:**

3440 NE 192 ST #3K  
AVENTURA, FL 33180

**Current Mailing Address:**

3440 NE 192 ST #3K  
AVENTURA, FL 33180 US

**FEI Number:** 26-1273230

**Certificate of Status Desired:** No

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

VALENCIA, TONI L  
3440 N.E. 192ND ST.BLDG. A., #3-K  
AVENTURA, FL 33180-2400 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 VALENCIA, TONI L  
Address 3440 N.E. 192ND ST.BLDG. A., #3-K  
City-State-Zip: AVENTURA FL 33180-2400

*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:** TONI LYNN VALENCIA

**MANAGER**

**07/20/2015**

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

\_\_\_\_\_  
Date