SIGNATURE: PATRICIA A DANDENEAU

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059850

Entity Name: PDE MEDICAL BILLING & COLLECTION SERVICES, LLC

# **Current Principal Place of Business:**

201 INTERNATIONAL DRIVE #715 CAPE CANAVERAL, FL 32920

# **Current Mailing Address:**

201 INTERNATIONAL DRIVE #715 CAPE CANAVERAL, FL 32920 US

# FEI Number: 27-2777792

# Name and Address of Current Registered Agent:

DANDENEAU, PATRICIA A 201 INTERNATIONAL DRIVE #715 CAPE CANAVERAL, FL 32920 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

### Authorized Person(s) Detail :

Title MGRM Name DANDENEAU, PATRICIA A 201 INTERNATIONAL DRIVE #715 Address City-State-Zip: CAPE CANAVERAL FL 32920

that my name appears above, or on an attachment with all other like empowered. 02/16/2017 CORPORATE OFFICER

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

Electronic Signature of Signing Authorized Person(s) Detail

# Certificate of Status Desired: No

Date

# FILED Feb 16, 2017 Secretary of State CC3007675915

Date