2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2016
Secretary of State
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Entity Name: INTEGRA MEDICAL BILLING, LLC

Current Principal Place of Business:

1935 WOODLAKE DRIVE
FLEMING ISLAND, FL 32003

Current Mailing Address:

1935 WOODLAKE DR
FLEMING ISLAND, FL 32003 US

FEI Number: 45-3615150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHER, ARLENE M
1935 WOODLAKE DR
FLEMING ISLAND, FL 32003 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	MGR	Title	MGR
Name	FISHER, ARLENE M	Name	MCMILLAN, SHERYL Y
Address	1935 WOODLAKE DR	Address	1602 DECLARATION DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: ARLENE M FISHER MGR 04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date