

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027967

**Entity Name:** MEDICAL BILLING & CODING SPECIALIST , LLC

**Current Principal Place of Business:**

6917 NARCOOSSEE RD  
SUITE # 708  
ORLANDO, FL 32822

**Current Mailing Address:**

6917 NARCOOSSEE RD  
SUITE # 708  
ORLANDO, FL 32822 US

**FEI Number:** 45-4624734

**Certificate of Status Desired:** Yes

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

QUILIT, ELVIRA  
10427 BELFRY CIR  
ORLANDO, FL 32832 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 QUILIT, ELVIRA  
Address 10427 BEL FRY CIR  
City-State-Zip: ORLANDO FL 32832

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELVIRA QUILIT

**OWNER**

**03/12/2013**

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

\_\_\_\_\_  
Date