

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000130956

Entity Name: ONPOINT MEDICAL BILLING LLC

Current Principal Place of Business:

7795 DAVIS BOULEVARD
STE 201
NAPLES, FL 34104-5372

Current Mailing Address:

7795 DAVIS BOULEVARD
STE 201
NAPLES, FL 34104-5372 US

FEI Number: 46-4339855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLF, TAMI
7795 DAVIS BOULEVARD
STE 201
NAPLES, FL 34104-5372 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
Name WOLF, TAMI
Address 7795 DAVIS BOULEVARD
STE 201
City-State-Zip: NAPLES FL 34104

Title MGR
Name WOLF, BARRY
Address 7795 DAVIS BOULEVARD
STE 201
City-State-Zip: NAPLES FL 34104

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: BARRY WOLF

MANAGER

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date