

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000017480

Entity Name: RYAN MEDICAL BILLING, LLC

Current Principal Place of Business:

1702 SE 45TH ST
OCALA, FL 34480

Current Mailing Address:

1702 SE 45TH ST
OCALA, FL 34480 US

FEI Number: 46-4670901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYAN, JENNIFER
1702 SE 45TH ST
OCALA, FL 34480 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 RYAN, JENNIFER
Address 1702 SE 45TH ST
City-State-Zip: Ocala FL 34480

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: JENNIFER RYAN, CPC

OWNER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date