

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000041258

Entity Name: HOLISTIC BILLING SERVICES, LLC

Current Principal Place of Business:

140 N WESTMONTE DR, SUITE 100
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

140 N WESTMONTE DR, SUITE 100
ALTAMONTE SPRINGS, FL 32714

FEI Number: 46-5363775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, JR, WILLIAM R ESQ
SHUFFIELD, LOWMAN & SILSON, P.A.
1000 LEGION PL, SUITE 1700
ORLANDO, FL 32801 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 ARIAS, ANTONIO SR
Address 140 N WESTMONTE DR, SUITE 100
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: ANTONIO ARIAS

MANAGER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date