

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136877

**Entity Name:** SUN MEDICAL BILLING AND CONSULTATION SERVICES, LLC

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC7259901798**

**Current Principal Place of Business:**

4210 SE 168TH ST.  
INGLIS, FL 34449

**Current Mailing Address:**

PO BOX 1012  
INGLIS, FL 34449 US

**FEI Number: 47-4824849**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 AMBR  
Name LOFTIN, CAROL D  
Address 4210 SE 168TH ST.  
City-State-Zip: INGLIS FL 34449

Title AMBR  
Name DAVIS, WENDI A  
Address 4210 SE 168TH ST.  
City-State-Zip: INGLIS FL 34449

Title AMBR  
Name SYED, MUHAMMAD K  
Address 8432 IRONHORSE CT  
City-State-Zip: WEST PALM BEACH FL 33412

Title AMBR  
Name TARUGU, VIKRAM  
Address 10581 VERSAILLES BLVD  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name JABER, TALIB  
Address 152 PORGEE ROCK PL  
City-State-Zip: JUPITER FL 33458

Title AMBR  
Name MARTINEZ, HERIBERTO ERNESTO  
Address 2546 WEST 6 AVE  
City-State-Zip: HIALEAH FL 33010

*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: CAROL DIANE LOFTIN**

**OWNER**

**05/01/2018**

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

\_\_\_\_\_  
Date