

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000108565

**Entity Name:** PHYSICIAN'S REIMBURSEMENT SPECIALIST, LLC

**Current Principal Place of Business:**

10215 SW 134TH COURT  
DUNNELLON, FL 34432

**Current Mailing Address:**

10215 SW 134TH COURT  
DUNNELLON, FL 34432

**FEI Number:** 81-2868656

**Certificate of Status Desired:** No

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

DURAN, RHONDA  
10215 SW 134TH COURT  
DUNNELLON, FL 34432 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 DURAN, RHONDA  
Address 10215 SW 134TH COURT  
City-State-Zip: DUNNELLON FL 34432

*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:** RHONDA DURAN

MGR

01/18/2017

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

\_\_\_\_\_  
Date