2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2025
Secretary of State
7532665407CC

DOCUMENT# L16000108565

Entity Name: PHYSICIAN'S REIMBURSEMENT SPECIALIST, LLC

Current Principal Place of Business:

509 NE 44TH TERR
OCALA, FL 34470

Current Mailing Address:

509 NE 44TH TERR
OCALA, FL 34470 US

FEI Number: 81-2868656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DURAN, RHONDA
509 NE 44TH TERR
OCALA, FL 34470 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	509 NE 44TH TER
City-State-Zip:	OCALA FL 34470

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 S DURAN CEO 01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date