

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000163272

Entity Name: PRIMARY CARE BILLING LLC

Current Principal Place of Business:

16057 TAMPA PALMS BLVD W
325
TAMPA, FL 33647

Current Mailing Address:

16057 TAMPA PALMS BLVD W
325
TAMPA, FL 33647

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, NASSOMA
16057 TAMPA PALMS BLVD W
325
TAMPA, FL 33647 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 CEO
Name LEWIS, NASSOMA
Address 16057 TAMPA PALMS BLVD W #325
City-State-Zip: TAMPA FL 33647

Title CFO
Name COBB, SYLVIA
Address 4607 W PALMETTO STREET
City-State-Zip: TIMMONSVILLE SC 29161

Title MGR
Name CHAMPAGNE, TRAVIS SR
Address 16057 TAMPA PALMS BLVD W #325
City-State-Zip: TAMPA FL 33647

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: NASSOMA LEWIS

CEO

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date