

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000168634

Entity Name: TRI MEDICAL BILLING & HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

1240 N PINE HILLS RD
ORLANDO, FL 32808

Current Mailing Address:

1240 N PINE HILLS RD
ORLANDO, FL 32808

FEI Number: 81-3895165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MC GEE, CHARLENE
1240 N PINE HILLS RD
ORLANDO, FL 32808 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 PRES
Name HUNT, JEANINE
Address 1240 N PINE HILLS RD
City-State-Zip: ORLANDO FL 32808

Title VP
Name MC GEE, CHARLENE
Address 1240 N PINE HILLS RD
City-State-Zip: ORLANDO FL 32808

Title MGR
Name MCBRIDE, MELISSA
Address 1240 N PINE HILLS RD
City-State-Zip: ORLANDO FL 32808

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: JEANINE HUNT

PRESIDENT

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date