2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2020
Secretary of State
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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:

MCGEE, 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	Title	VP
Name	HUNT, JEANINE	Name	MCGEE, CHARLENE
Address	1240 N PINE HILLS RD	Address	1240 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32808	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: CHARLENE MCGEE VP 06/30/2020

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