

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000030952

Entity Name: COMPLETE MEDICAL BILLING AND CODING SERVICES, LLC

Current Principal Place of Business:

9725 NW 117TH AVE
SUITE 200
MIAMI, FL 33178

Current Mailing Address:

9725 NW 117TH AVE
SUITE 200
MIAMI, FL 33178 US

FEI Number: 81-5336366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name CANO HEALTH, LLC
Address 680 N UNIVERSITY DRIVE
City-State-Zip: PEMBROKE PINES FL 33024

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: JASMINE HERRERA

**ASSISTANT CORPORATE 03/12/2025
SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

Date