

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030952

**Entity Name:** COMPLETE MEDICAL BILLING AND CODING SERVICES, LLC

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC5339395259**

**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            CEO  
Name            MALETA, GREIDYS  
Address        9725 NW 117TH AVE  
                  SUITE 200  
City-State-Zip: MIAMI FL 33178

Title            SECRETARY  
Name            CORDERO, PEDRO  
Address        9725 NW 117TH AVE  
                  SUITE 200  
City-State-Zip: MIAMI FL 33178

Title            CFO  
Name            HAFT, STEVE  
Address        9725 NW 117TH AVE  
                  SUITE 200  
City-State-Zip: MIAMI FL 33178

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: GREIDYS MALETA**

**CEO**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date