

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000271749

**Entity Name:** TERRELL PHILLIPS ACCIDENT BILLING, LLC

**Current Principal Place of Business:**

4131 NW 122ND STREET, SUITE 100  
OKLAHOMA CITY, OK 73120

**Current Mailing Address:**

4131 NW 122ND STREET, SUITE 100  
OKLAHOMA CITY, OK 73120 US

**FEI Number:** 83-2910867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 MGR  
Name MITCHELL, SCOTT A  
Address 5163 ANDROS DR  
City-State-Zip: NAPLES FL 34113

*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:** SCOTT A. MITCHELL

MANAGER

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date