

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000212930

Entity Name: BEACON PODIATRIC BILLING SERVICES LLC

Current Principal Place of Business:

9320 VITTORIA CT
FORT MYERS, FL 33912

Current Mailing Address:

9320 VITTORIA CT
FORT MYERS, FL 33912 US

FEI Number: 84-2866722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUILIANA, STEPHANIE
9320 VITTORIA CT
FORT MYERS, FL 33912 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: STEPHANIE GUILIANA

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GUILIANA, STEPHANIE
Address 9320 VITTORIA CT
City-State-Zip: FORT MYERS FL 33912

Title AMBR
Name KLINE, DANA
Address 128 S LONGBOAT DR
City-State-Zip: LITTLE EGG HARBOR TWP NJ 08087

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: STEPHANIE GUILIANA

OWNER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date