

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000257401

**Entity Name:** PRECISE MEDICAL BILLING LLC

**Current Principal Place of Business:**

6447 EAST 4 AVE  
HIALEAH, FL 33013

**Current Mailing Address:**

6447 EAST 4 AVE  
HIALEAH, FL 33013 US

**FEI Number:** 84-3572801

**Certificate of Status Desired:** No

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

ANOCETO, ANAILYS  
6447 EAST 4 AVE  
HIALEAH, FL 33013 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:** ANAILYS ANOCETO

04/14/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ANOCETO, ANAILYS  
Address 6447 EAST 4 AVE  
City-State-Zip: HIALEAH FL 33013

*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:** ANAILYS ANOCETO

MANAGER

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date