

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000444890

Entity Name: TRISTAR MEDICAL CREDENTIALING AND BILLING LLC

Current Principal Place of Business:

5035 EDGEWATER DR
ORLANDO, FL 32810

Current Mailing Address:

5035 EDGEWATER DR
ORLANDO, FL 32810 US

FEI Number: 88-4179224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENARD, SCOTT
5035 EDGEWATER DR
ORLANDO, FL 32810 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 MENARD, SCOTT
Address 5035 EDGEWATER DR
City-State-Zip: ORLANDO FL 32810

Title MR
Name SHAHID, AAMIR
Address 5035 EDGEWATER DR
City-State-Zip: ORLANDO FL 32810

Title DR
Name DOLCINE, KANOULD
Address 5035 EDGEWATER DR
City-State-Zip: ORLANDO FL 32810

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 MENARD

MGR

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date