

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000082629

Entity Name: HEALTHCARE REVENUE CYCLE MANAGEMENT GROUP LLC

Current Principal Place of Business:

5011 PLATTER BILLS COURT
JACKSONVILLE, FL 32257

Current Mailing Address:

5011 PLATTER BILLS COURT
JACKSONVILLE, FL 32257 US

FEI Number: 92-2628918

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LUCZYSZYN, PETER J
5011 PLATTER BILLS COURT
JACKSONVILLE, FL 32257 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 AR
Name LUCZYSZYN, PETER J
Address 5011 PLATTER BILLS COURT
City-State-Zip: JACKSONVILLE FL 32257

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: PETER LUCZYSZYN

AR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date