

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008063

**Entity Name:** REVCLAIMS, LLC

**Current Principal Place of Business:**

25700 I-45 N, SUITE 300  
SPRING, TX 77386

**Current Mailing Address:**

25700 I-45 N, SUITE 300  
SPRING, TX 77386 US

**FEI Number:** 46-0664980

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST  
STE 4  
TALLAHASSEE, FL 32301 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	MANAGING MEMBER	Title	SECRETARY AND CFO
Name	MED-DATA, INCORPORATED	Name	STELLATO, FRANK
Address	25700 I-45 N, SUITE 300	Address	25700 I-45 N, SUITE 300
City-State-Zip:	SPRING TX 77386	City-State-Zip:	SPRING TX 77386

*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:** FRANK STELLATO

**SECRETARY AND CFO**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date