

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005588

Entity Name: MODERNIZING MEDICINE BILLING SERVICES, LLC**Current Principal Place of Business:**3300 DOUGLAS BOULEVARD, SUITE 200
ROSEVILLE, CA 95661**Current Mailing Address:**3300 DOUGLAS BOULEVARD, SUITE 200
ROSEVILLE, CA 95661**FEI Number:** 80-0850071**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP, GENERAL COUNSEL
Name FLEISHER, MARK
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title CMO
Name SHERLING, MICHAEL
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title CEO
Name CANE, DANIEL
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title CFO
Name O'BYRNE , KAREN
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title CRO
Name VON PUSCH, RICK
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT, COO
Name HARPAZ, JOSEPH
Address 4850 T-REX AVENUE
SUITE 200
City-State-Zip: BOCA RATON FL 33431

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: KAREN O'BYRNE**CHIEF FINANCIAL
OFFICER****04/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date