

2018 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:** No**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 3300 DOUGLAS BOULEVARD, SUITE
200

City-State-Zip: ROSEVILLE CA 95661

Title CMO

Name SHERLING, MICHAEL

Address 3300 DOUGLAS BOULEVARD, SUITE
200

City-State-Zip: ROSEVILLE CA 95661

Title CEO, PRESIDENT

Name CANE, DANIEL

Address 3300 DOUGLAS BOULEVARD, SUITE
200

City-State-Zip: ROSEVILLE CA 95661

Title CFO, COO

Name O'BYRNE , KAREN

Address 3300 DOUGLAS BOULEVARD, SUITE
200

City-State-Zip: ROSEVILLE FL 95661

Title CRO

Name VON PUSCH, RICK

Address 3300 DOUGLAS BOULEVARD, SUITE
200

City-State-Zip: ROSEVILLE CA 95661

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**CFO/COO****04/29/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date