

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005588

Entity Name: MODERNIZING MEDICINE BILLING SERVICES, LLC**Current Principal Place of Business:**4850 T-REX AVENUE, SUITE 200
BOCA RATON, FL 33431**Current Mailing Address:**4850 T-REX AVENUE, SUITE 200
BOCA RATON, FL 33431 US**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 SENIOR EXECUTIVE VP AND
GENERAL COUNSEL

Name FLEISHER, MARK

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

Title CHIEF MEDICAL AND STRATEGY
OFFICER

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 EXECUTIVE VICE PRESIDENT AND
CHIEF FINANCIAL OFFICER

Name SCHEER, MICHELLE

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: MARK FLEISHER**SECRETARY****05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date