

**2025 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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 ASST. SECRETARY  
Name HORAN, PATRICK  
Address 4850 T-REX AVENUE, SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title MEMBER  
Name AESYNTIX HEALTH SERVICES, LLC  
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:** PATRICK HORAN

**AUTHORIZED PERSON**

**02/07/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date