

**2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL  
REPORT**

DOCUMENT# M16000002168

**Entity Name:** HEALTHCARE BILLING SYSTEMS, LLC

**Current Principal Place of Business:**

298 S YONGE ST  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

5001 LBJ FREEWAY, STE. 320  
DALLAS, TX 75244 US

**FEI Number:** 59-3484980

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
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 SECRETARY  
Name CATES, LANE  
Address 5001 LBJ FREEWAY, STE. 320  
City-State-Zip: DALLAS TX 75244

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:** LANE CATES

**SECRETARY**

**10/05/2021**

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

\_\_\_\_\_  
Date