

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002168

Entity Name: HEALTHCARE BILLING SYSTEMS, LLC**Current Principal Place of Business:**5001 LBJ FWY, SUITE 320
DALLAS, TX 75244**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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, GENERAL COUNSEL,
SENIOR VICE PRESIDENT
Name CATES, LANE
Address 5001 LBJ FREEWAY, STE. 320
City-State-Zip: DALLAS TX 75244

Title CEO
Name HUDDLESTON, STEVEN
Address 5001 LBJ FWY, SUITE 320
City-State-Zip: DALLAS TX 75244

Title PRESIDENT
Name PATEL, DARSHAN
Address 5001 LBJ FWY, SUITE 320
City-State-Zip: DALLAS TX 75244

Title TREASURER, CFO
Name SCHARFSTEIN, DAVID
Address 5001 LBJ FWY, SUITE 320
City-State-Zip: DALLAS TX 75244

Title DIRECTOR
Name VENTRA HEALTH, INC.
Address 5001 LBJ FWY, SUITE 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****03/24/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date