

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000380361

Entity Name: MEDICAL BILLING SERVICES, LLC

Current Principal Place of Business:

4152 WEST BLUE HERON BLVD., SUITE 129
WEST PALM BEACH, FL 33404

Current Mailing Address:

4152 WEST BLUE HERON BLVD., SUITE 129
WEST PALM BEACH, FL 33404 US

FEI Number: 88-4023713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHINTAN TRIVEDI
4152 WEST BLUE HERON BLVD., SUITE 129
WEST PALM BEACH, FL 33404 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 MGR
Name INTEGRITY HEALTHCARE HOLDINGS,
INC.
Address 45 ED MITCHEL AVE., SUITE 129
City-State-Zip: FRANKLIN NJ 07416

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: CHINTAN TRIVEDI

AUTHORISED PERSON

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date