

**2024 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

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date