2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: UNLIMITED MEDICAL SERVICES OF FLORIDA, P.L.

Current Principal Place of Business:

5580 EAST GRANT ST.
ORLANDO, FL 32822

Current Mailing Address:

5580 EAST GRANT ST.
ORLANDO, FL 32822

FEI Number: 33-1039609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEITES, NORBERTO
4046 ISLE VISTA AVE
BELLE ISLE, FL 32812 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	FLEITES, NORBERTO
Address	331 TUDOR SPRING CT.
City-State-Zip:	ORLANDO FL 32828

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORBERTO FLEITES PRESIDENT 04/06/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date