

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014178

Entity Name: MEDICSOLUTIONS, LLC

Current Principal Place of Business:

7901 RON BEATTY BLVD
BAREFOOT BAY, FL 32976

Current Mailing Address:

7901 RON BEATTY BLVD
BAREFOOT BAY, FL 32976

FEI Number: 11-3836992

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLECKER, ELVA A
7901 RON BEATTY BLVD
BAREFOOT BAY, FL 32976 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 MGRM
Name BLECKER, EDGAR MD
Address 229 SEBASTIAN BLVD
City-State-Zip: SEBASTIAN FL 32958

Title MGRM
Name BLECKER, ELVA
Address 229 SEBASTIAN BLVD
City-State-Zip: SEBASTIAN FL 32958

Title MGRM
Name FERMIN, EILEEN MD
Address 7901 RON BEATTY BLVD
City-State-Zip: BAREFOOT BAY FL 32976

Title MGRM
Name MOREL, GUILLERMO FMD
Address 7901 RON BEATTY BLVD
City-State-Zip: BAREFOOT BAY FL 32976

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: ELVA BLECKER

MANAGER

02/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date