

**2017 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELVA BLECKER

**MANAGER**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date