

2014 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 A. BLECKER**MANAGER****02/17/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date