

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065012

Entity Name: PRESCRIBING SOLUTIONS LLC

Current Principal Place of Business:

14636 MIRASOL MANNOR CT.
TAMPA, FL 33626

Current Mailing Address:

4310 FEAGAN ST.
UNIT B
HOUSTON, TX 77007 US

FEI Number: 27-0512770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, KATHLEEN
14636 MIRASOL MANNOR CT.
TAMPA, FL 33626 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: KATHLEEN MYERS

02/04/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MYERS, ADAM
Address 14636 MIRASOL MANNOR CT.
City-State-Zip: TAMPA FL 33626

Title MANAGER
Name BRAUN, AARON
Address 1207 MISSOURI ST.
UNIT B
City-State-Zip: HOUSTON TX 77006

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: ADAM MYERS

MANAGER

02/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date