

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065012

**Entity Name:** PRESCRIBING SOLUTIONS LLC

**Current Principal Place of Business:**

14220 CARLSON CIRCLE  
BLDG. K  
TAMPA, FL 33626

**Current Mailing Address:**

14220 CARLSON CIRCLE  
BLDG. K  
TAMPA, FL 33626 US

**FEI Number:** 27-0512770

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MYERS, KATHLEEN  
14220 CARLSON CIRCLE  
BLDG. K  
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

02/27/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MYERS, ADAM  
Address 14220 CARLSON CIRCLE BLDG K  
City-State-Zip: TAMPA FL 33626

*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:** ADAM MYERS

MANAGER

02/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date