

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044482

**Entity Name:** ACTION MEDICAL SERVICES LLC

**Current Principal Place of Business:**

10 SW SOUTH RIVER DR  
PH-I-14  
MIAMI, FL 33130

**Current Mailing Address:**

10 SW SOUTH RIVER DR  
PH-I-14  
MIAMI, FL 33130

**FEI Number:** 45-1718340

**Certificate of Status Desired:** No

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

SHINNERS, RICHARD D  
10 SW SOUTH RIVER DR  
PH-I-14  
MAIMI, FL 33130 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 MGR  
Name SHINNERS, RICHARD D  
Address 10 SW SOUTH RIVER DR  
City-State-Zip: MIAMI FL 33130

*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:** RICHARD D SHINNERS

**MANAGING DIRECTOR**

**04/30/2013**

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

\_\_\_\_\_  
Date