

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072321

**Entity Name:** DTECH MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

50 BISCAYNE BLVD.  
APT. 4301  
MIAMI, FL 33132

**Current Mailing Address:**

1480 RENAISSANCE DR.  
SUITE 308  
PARK RIDGE, IL 60068 US

**FEI Number:** 45-2588639

**Certificate of Status Desired:** No

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

MARTINEZ, GUILLERMO  
10729 SW 104TH STREET  
MIAMI, FL 33176 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 MILLER, MARIANA A  
Address 50 BISCAYNE BLVD  
4301  
City-State-Zip: MIAMI FL 33132

*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:** MARIANA A. MILLER

**MANAGER**

**02/05/2014**

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

\_\_\_\_\_  
Date