

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058485

Entity Name: P1 MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

16507 CARAVAGGIO LOOP
MONTVERDE, FL 34756

Current Mailing Address:

16507 CARAVAGGIO LOOP
MONTVERDE, FL 34756 US

FEI Number: 45-5194248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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 THOMASELLI, PAULA
Address 16507 CARAVAGGIO LOOP
City-State-Zip: MONTVERDE FL 34756

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: PAULA E THOMASELLI

OWNER

02/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date