

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085767

**Entity Name:** MD PROFESSIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

18550 U.S. HIGHWAY 441  
SUITE A  
MOUNT DORA, FL 32757

**Current Mailing Address:**

18550 U.S. HIGHWAY 441  
SUITE A  
MOUNT DORA, FL 32757 US

**FEI Number:** 45-5605685

**Certificate of Status Desired:** No

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

WALKER, GARY  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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 CHANG, KHAI M.D.  
Address 18550 U.S. HIGHWAY 441, SUITE A  
City-State-Zip: MOUNT DORA FL 32757

*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:** KHAI CHANG MD

MGRM

01/17/2014

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

\_\_\_\_\_  
Date