

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000127833

Entity Name: APPLIED MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

10132 CULPEPPER CT
ORLANDO, FL 32836

Current Mailing Address:

10132 CULPEPPER CT
ORLANDO, FL 32836

FEI Number: 46-1217916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSTIN, KEVIN S
10132 CULPEPPER CT
ORLANDO, FL 32836 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 COSTIN, KEVIN
Address 10132 CULPEPPER CT
City-State-Zip: ORLANDO FL 32836

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: KEVIN COSTIN

MGR

03/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date