

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154389

**Entity Name:** MEDIRISK SOLUTIONS, LLC

**Current Principal Place of Business:**

2151 S. LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2151 S. LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1606813

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S. LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 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	Title	MGRM
Name	ADAMS, MAX A	Name	PEREZ, ANGELA
Address	2151 S. LEJEUNE RD SUITE 306	Address	2151 S. LEJEUNE RD SUITE 306
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** ANGELA PEREZ

**MGRM**

**02/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date