

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028876

**Entity Name:** PROVIDER SERVICES OF AMERICA, LLC

**Current Principal Place of Business:**

4774 NW 2ND AVE  
SUITE A3B  
BOCA RATON, FL 33431

**Current Mailing Address:**

4774 NW 2ND AVE  
SUITE A3B  
BOCA RATON, FL 33431

**FEI Number:** 46-4866276

**Certificate of Status Desired:** No

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

OFFICE COMPOUNDING SOLUTIONS LLC  
4774 NW 2ND AVE  
SUITE A3B  
BOCA RATON, FL 33431 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 TICHNER, MAC S  
Address 4774 NW 2ND AVE, UNIT A3B  
City-State-Zip: BOCA RATON FL 33431

*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:** MAC TICHNER

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date