

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000092269

**Entity Name:** MEDICAL SERVICE MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

6349 BEACH BLVD  
STE 2  
JACKSONVILLE, AL 32216

**Current Mailing Address:**

11028 TURNBRIDGE DR  
JACKSONVILLE, FL 32256

**FEI Number:** 47-1110779

**Certificate of Status Desired:** No

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

SIMSIR, SONSOLES E  
6349 BEACH BLVD  
STE 2  
JACKSONVILLE, FL 32216 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:** SONSOLES E SIMSIR

09/09/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SIMSIR, SONSOLES E  
Address 11028 TURNBRIDGE DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** SONSOLES E SIMSIR

AMBR

09/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date