

2015 FLORIDA LIMITED LIABILITY COMPANY 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, CELEP
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SIMSIR, CELEP
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: CELEP SIMSIR

AMBR

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date