

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000139060

Entity Name: CVI SOLUTIONS, LLC**Current Principal Place of Business:**2105 SW 20TH PLACE
OCALA, FL 34471**Current Mailing Address:**2105 SW 20TH PLACE
OCALA, FL 34471**FEI Number:** 47-4881530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARDLOW, RANDY
2105 SW 20TH PLACE
OCALA, FL 34471 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 GUMMADI, SIVA M.D.
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

Title MGR
Name ROA, SRISHA M.D.
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

Title MGR
Name MIKKILINENI, HIMA M.D.
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

Title MGR
Name KOKA, VIJAYA N M.D.
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

Title MGR
Name URBAN, PAUL M.D.
Address 2101 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

Title MGR
Name SINGH, PRERANJAN M.D.
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34474

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: SIVA GUMMADI, M.D.**MANAGER****03/21/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date