

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000164463

Entity Name: SHORELINE MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

405 W OAK AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

405 W OAK AVENUE
PANAMA CITY, FL 32401 US

FEI Number: 47-5081512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRONG, DENYSE
200 LANNIE ROWE DRIVE
PANAMA CITY, FL 32404 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 TRONG, DENYSE
Address 200 LANNIE ROWE DRIVE
City-State-Zip: PANAMA CITY FL 32404

Title MGR
Name BOYER, SCOTT
Address 412 MOWAT SCHOOL ROAD
City-State-Zip: LYNN HAVEN FL 32444

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: DENYSE M. TRONG

PRESIDENT/OWNER

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date