

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000027348

Entity Name: ONEMED SOLUTIONS LLC

Current Principal Place of Business:

253 NE 2ND STREET
2604
MIAMI, FL 33132

Current Mailing Address:

253 NE 2ND STREET
2604
MIAMI, FL 33132 US

FEI Number: 81-1413454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRIAS, NORMAN I
253 NE 2ND STREET
2604
MIAMI, FL 33132 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 IRIAS, NORMAN I
Address 253 NE 2ND STREET #2604
City-State-Zip: MIAMI FL 33132

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: NORMAN I IRIAS

MANAGING MEMBER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date