

**2023 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 IRIAS

AMBR

04/04/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date