

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000027348

**Entity Name:** ONEMED SOLUTIONS LLC

**Current Principal Place of Business:**

5975 NW 104TH PATH  
DORAL, FL 33178

**Current Mailing Address:**

5975 NW 104TH PATH  
DORAL, FL 33178 US

**FEI Number: 81-1413454**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IRIAS, NORMAN I  
5975 NW 104TH PATH  
DORAL, FL 33178 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         5975 NW 104TH PATH  
City-State-Zip: DORAL FL 33178

*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 IVAN IRIAS

AMBR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date