

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193319

**Entity Name:** MEDESOLUTIONS LLC

**Current Principal Place of Business:**

7269 WINDING LAKE CIRCLE  
OVIEDO, FL 32765

**Current Mailing Address:**

7269 WINDING LAKE CIRCLE  
OVIEDO, FL 32765 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SHAMSI, FARHAN  
7269 WINDING LAKE CIRCLE  
OVIEDO, FL 32765 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 SHAMSI, FARHAN  
Address 7269 WINDING LAKE CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name MUHAMMAD ALI, MIAN  
Address B300 GALMOUR HEIGHTS  
City-State-Zip: LAHORE PU 00000

*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:** FARHAN SHAMSI

**MGRM**

**03/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date