

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90079 018 ****50.00

DOCUMENT # L01000011197

1. Entity Name

TS Medical Services, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

941 A SW 87th CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

10103333

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

SALE

4. FEI Number

05-1121873

Applied For

Not Applicable

Zip

33174

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ninnette M. Ortiz

Street Address (P.O. Box Number is Not Acceptable)

941 A SW 87th CT

City Miami

FL

Zip Code 33174

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PVST
Ninnette M. Ortiz
941 A SW 87th CT
Miami, FL 33174

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 4-28-03 (305) 265-19

08