2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000060536

Entity Name: MULTI-SPECIALTY MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5237 INDIGO CROSSING DR.
VIERA, FL 329556053

New Principal Place of Business:

Current Mailing Address:

5237 INDIGO CROSSING DR.
VIERA, FL 329556053

New Mailing Address:

FEI Number: 20-1511681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: WALL, APRIL
Address: 1112 WESTON ROAD, STE 177
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: WALL, APRIL
Address: 5237 INDIGO CROSSING DRIVE
City-St-Zip: VIERA, FL 329556053

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: APRIL WALL P 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date