

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025649

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL SOLUTIONS TEAM, LLC

**Current Principal Place of Business:**

1613 ALTON ROAD  
3RD FLOOR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

8360 SW 42 ST  
MIAMI, FL 33155

**Current Mailing Address:**

1245 LENOX AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

8360 SW 42 ST  
MIAMI, FL 33155

**FEI Number:** 56-2565288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, IRENE  
1245 LENOX AVE  
MIAMI BEACH, FL 33139 US

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

DELGADO, IRENE  
8360 SW 42 ST  
MIAMI, FL 33155 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: IRENE DELGADO

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELGADO, IRENE  
Address: 1245 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MNGR (X) Change ( ) Addition  
Name: DELGADO, IRENE  
Address: 8360 SW 42 STREET  
City-St-Zip: MIAMI, FL 33155

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: IRENE DELGADO

MNGR

04/30/2009

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