

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045302

FILED
May 01, 2008
Secretary of State

Entity Name: PROVIDER SOLUTIONS, LLC

Current Principal Place of Business:

15809 BERA DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15809 BERA DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4886836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLEMING, TAMMY VP
14519 WEEPING ELM DR.
TAMPA, FL 33626 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

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: SHAFFER-KOST, MICHELLE PRES
Address: 15809 BERA DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: FLEMING, TAMMY VP
Address: 14519 WEEPING ELM DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE SHAFFER-KOST

PRES

05/01/2008

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