

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052295

Entity Name: MEDITAX SOLUTIONS, LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

10650 PARIS STREET  
COPER CITY, FL 33026

## New Principal Place of Business:

9300 S DADELAND BLVD  
SUITE 603  
MIAMI, FL 33156

## Current Mailing Address:

10650 PARIS STREET  
COPER CITY, FL 33026

## New Mailing Address:

9300 S DADELAND BLVD  
SUITE 603  
MIAMI, FL 33156

FEI Number: 20-4920012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARLADE, JAIME  
8025 SW 99 STREET  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

PARLADE, JAIME  
8025 SW 99 ST  
MIAMI, FL 33156 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:

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PARLADE, JAIME  
Address: 8025 SW 99 STREET  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: ADAMS, MAX A  
Address: 10650 PARIS STREET  
City-St-Zip: COPER CITY, FL 33026

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: ADAMS, MAX A  
Address: 10650 PARIS STREET  
City-St-Zip: COOPER CITY, FL 33026

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: JAIME PARLADE

MGR

04/27/2007

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