

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052295

Entity Name: MEDITAX SOLUTIONS, LLC

FILED  
Feb 27, 2008  
Secretary of State

## Current Principal Place of Business:

9300 S DADELAND BLVD  
SUITE 603  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9300 S DADELAND BLVD  
SUITE 603  
MIAMI, FL 33156

## New Mailing Address:

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 ST  
MIAMI, FL 33156      US

## Name and Address of New Registered Agent:

PARLADE, JAIME  
9300 S DADELAND BLVD  
SUITE 603  
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: JAIME PARLADE

02/27/2008

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: COOPER CITY, FL 33026

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: PARLADE, JAIME  
Address: 9300 S DADELAND BLVD, SUITE 603  
City-St-Zip: MIAMI, FL 33156

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: MAX A. ADAMS

MGR

02/27/2008

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