

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052295

Entity Name: MEDITAX SOLUTIONS, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

325 ALMERIA AVENUE  
CORAL GABLES, FL 33134

## **Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134

## **New Mailing Address:**

325 ALMERIA AVENUE  
CORAL GABLES, FL 33134

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  
2100 PONCE DE LEON BLVD.  
1000  
CORAL GABLES, FL 33134 US

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

04/27/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARLADE, JAIME  
Address: 13040 SW 70TH AVE.  
City-St-Zip: PINECREST, FL 33156

Title: MGRM  
Name: ADAMS, MAX A  
Address: 325 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: SCHAEFER, JUSTIN A  
Address: 4760 BAY POINT ROAD  
City-St-Zip: MIAMI, FL 33137

I hereby 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

MGRM

04/27/2012

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