

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077469

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ACADEMY OF MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

1190 N.W. 95TH ST., STE 306  
MIAMI, FL 33150

**New Principal Place of Business:**

1190 N.W. 95TH ST., STE 306  
MIAMI, FL 33150 US

**Current Mailing Address:**

1190 N.W. 95TH ST., STE 306  
MIAMI, FL 33150

**New Mailing Address:**

1190 N.W. 95TH ST., STE 306  
MIAMI, FL 33150 US

**FEI Number:** 20-5337311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PINEDA, AMALIA R  
1190 NW 95TTH ST SUITE 306  
MIAMI, FL 33150 US

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

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: MGRM  
Name: PINEDA, AMALIA R  
Address: 1190 N.W. 95TH ST., STE 306  
City-St-Zip: MIAMI, FL 33150 US

Title: MGRM  
Name: SPENCE, MARK R  
Address: 1190 N.W. 95TH ST., STE 306  
City-St-Zip: MIAMI, FL 33150 US

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: AMALIA R PINEDA

MGRM

04/10/2012

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