

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000081920

FILED
Apr 20, 2009
Secretary of State**Entity Name:** MED OFFICE SOLUTIONS, LLC**Current Principal Place of Business:**4195 HARBOR HILLS DRIVE
LARGO, FL 33770 US**New Principal Place of Business:**2101 INDIAN ROCKS RD
LARGO, FL 33774 US**Current Mailing Address:**4195 HARBOR HILLS DRIVE
LARGO, FL 33770 US**New Mailing Address:**2101 INDIAN ROCKS RD
LARGO, FL 33774 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**KASPER, KIM
4080 AMBER LANE
PALM HARBOR, FL 34685 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: KIM KASPER

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: DOYLE, RICHARD J
Address: 4195 HARBOR HILLS DRIVE
City-St-Zip: LARGO, FL 33770 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: DOYLE, RICHARD J
Address: 1816 HARBOR CIRCLE E AST
City-St-Zip: LARGO, FL 33770Title: MGRM () Change (X) Addition
Name: DOYLE, MAUREEN
Address: 1816 HARBOR CIRCLE E AST
City-St-Zip: LARGO, FL 33770Title: MGRM () Change (X) Addition
Name: KASPER, KIM
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685Title: MGRM () Change (X) Addition
Name: KASPER, NAHEED
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685Title: MGRM () Change (X) Addition
Name: ALSTOTT, MICHAEL
Address: 7019 1ST AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

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: KIM KASPER

MGRM

04/20/2009

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