

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081920

Entity Name: MED OFFICE SOLUTIONS, LLC

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

2101 INDIAN ROCKS RD
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

2101 INDIAN ROCKS RD
LARGO, FL 33774 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASPER, KIM
4080 AMBER LANE
PALM HARBOR, FL 34685 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: DOYLE, RICHARD J
Address: 1816 HARBOR CIRCLE EAST
City-St-Zip: LARGO, FL 33770

Title: MGRM
Name: DOYLE, MAUREEN
Address: 1816 HARBOR CIRCLE EAST
City-St-Zip: LARGO, FL 33770

Title: MGRM
Name: KASPER, KIM
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM
Name: KASPER, NAHEED
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM
Name: ALSTOTT, MICHAEL
Address: 7019 1ST AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

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: KIM A KASPER

MGRM

04/19/2011

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