

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088775

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL RISK SOLUTIONS, LLC

**Current Principal Place of Business:**

212 SW 5TH ST  
STE #1  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

212 SW 5TH ST  
STE #1  
STUART, FL 34994

**New Mailing Address:**

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

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

RICHARD, LANCE R ESQ  
51 EAST OCEAN BLVD  
STUART, FL 34994    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                      ( ) Delete  
**Name:** WILLIAMS, TOBEY MD  
**Address:** 212 SW 5TH ST # 1  
**City-St-Zip:** STUART, FL 34994

**ADDITIONS/CHANGES:**

**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:** TOBEY E WILLIAMS

PRES

04/16/2009

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