

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092648

FILED
Aug 10, 2008
Secretary of State

Entity Name: VIRTUAL MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

1515 NORTH FEDERAL HWY STE 111
BOCA RATON, FL 33432

New Principal Place of Business:

10759 VERSAILLES BLVD.
WELLINGTON, FL 33467

Current Mailing Address:

1515 NORTH FEDERAL HWY STE 111
BOCA RATON, FL 33432

New Mailing Address:

10759 VERSAILLES BLVD.
WELLINGTON, FL 33467

FEI Number: 20-5632950 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIPSKER, ROSS
1515 NORTH FEDERAL HWY STE 111
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GANT, RICHARD
10759 VERSAILLES BLVD.
WELLINGTON, FL 33467 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: RICHARD GANT

08/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GANT, RICHARD
Address: 10759 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33467

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: RICHARD GANT

MGRM

08/10/2008

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