

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115003

FILED  
Apr 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3109 WEST KNIGHTS AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

3814 W. LEONA STREET  
TAMPA, FL 33629

**Current Mailing Address:**

3109 WEST KNIGHTS AVE  
TAMPA, FL 33611

**New Mailing Address:**

3814 W. LEONA STREET  
TAMPA, FL 33629

**FEI Number:** 20-8339089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDENDORP, STEVEN  
500 EAST KENNEDY BLVD, SUITE 200  
TAMPA, FL 33602 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: HUMMEL, CLAYTON  
Address: 3109 WEST KNIGHTS AVE  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MILLING, DARREN  
Address: 715 S. EDISON AVENUE  
City-St-Zip: TAMPA, FL 33606

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: CLAYTON HUMMEL

MGRM

04/03/2009

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