

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115003

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

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**VOID**

**Current Principal Place of Business:**

3708 W SWANN AVE  
SUITE 104  
TAMPA, FL 33609

**New Principal Place of Business:**

See image of amendment filed 12/18/2012 showing affidavit and court order. SPT 1-2-13

**Current Mailing Address:**

3708 W SWANN AVE  
SUITE 104  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-8339089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLING, DARREN  
3708 W SWANN AVE  
SUITE 104  
TAMPA, FL 33609 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:** MILLING, DARREN  
**Address:** 715 S. EDISON AVENUE  
**City-St-Zip:** TAMPA, FL 33606

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: DARRENMILLING

PRES

01/16/2012

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