2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# L07000103368

Entity Name: VERITAS MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

2057 DELTA WAY
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2057 DELTA WAY
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 41-2254696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLLE, KATRINA D
KATRINA D. ROLLE, PLLC
215 DELTA COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BUTLER, CRAIG A
2057 DELTA WAY
TALLAHASSEE, FL 32303 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: CRAIG A. BUTLER, MD 04/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUTLER, CRAIG A M.D.
Address: 2057 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

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: CRAIG A. BUTLER, MD MGRM 04/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date