2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014178

Entity Name: MEDICSOLUTIONS, LLC

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

229 SEBASTIAN BLVD 7901 RON BEATTY BLVD SEBASTIAN, FL 32958 BAREFOOT BAY, FL 32976

Current Mailing Address: New Mailing Address:

229 SEBASTIAN BLVD 7901 RON BEATTY BLVD SEBASTIAN, FL 32958 BAREFOOT BAY, FL 32976

FEI Number: 11-3836992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARY ANKENY, BPS, CPC, CMC

229 SEBASTIAN BLVD

SEBASTIAN, FL 32958 US

BLECKER, ELVA A
7901 RON BEATTY BLVD
BAREFOOT BAY, FL 32976 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: ELVA A. BLECKER 01/13/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MARY ANKENY, BPS, CP, C, CMC
 Name:
 BLECKER, EDGAR MD

 Address:
 229 SEBASTIAN BLVD
 Address:
 229 SEBASTIAN BLVD

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 SEBASTIAN, FL 32958

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BLECKER, ELVA MD
 Name:

 Address:
 229 SEBASTIAN BLVD
 Address:

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 FERMIN, EILEEN MD

 Address:
 Address:
 7901 RON BEATTY BLVD

 City-St-Zip:
 City-St-Zip:
 BAREFOOT BAY, FL 32976

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 MOREL, GUILLERMO F MD

 Address:
 Address:
 7901 RON BEATTY BLVD

 City-St-Zip:
 City-St-Zip:
 BAREFOOT BAY, FL 32976

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: ELVA A. BLECKER MGRM 01/13/2009