

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109548

FILED
Sep 19, 2009
Secretary of State

Entity Name: WHITE MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

19620 MARINO LAKES CIRCLE
2803
FORT MYERS, FL 33913

New Principal Place of Business:

4300 FORD ST.
EXT. 110B
FORT MYERS, FL 33916

Current Mailing Address:

19620 MARINO LAKES CIRCLE
2803
FORT MYERS, FL 33913

New Mailing Address:

4300 FORD ST.
EXT. 110B
FORT MYERS, FL 33916

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

WHITE, LISA M
19620 MARINO LAKES CIRCLE
2803
FORT MYERS, FL 33913 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITE, LISA
Address: 19620 MARINO LAKES CIRCLE # 2803
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, LISA
Address: 4300 FORD ST. EXT. 110B
City-St-Zip: FORT MYERS, FL 33916

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: LISA WHITE

MS.

09/19/2009

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