

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000116208

**FILED**  
**Jun 23, 2011**  
**Secretary of State**

**Entity Name:** HSS-HEALTH SCAN SOLUTIONS, LLC

**Current Principal Place of Business:**

168 AUSTIN PARK AVENUE  
PONTE VEDRA, FL 32081 US

**New Principal Place of Business:**

2 LACROIX DRIVE  
WEST WARWICK, RI 02893 US

**Current Mailing Address:**

830-13 A1A NORTH, PMB 332  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

1643 WARWICK AVENUE  
#150  
WARWICK, RI 02889 US

**FEI Number:** 20-4785032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANOCCHIA, MICHAEL  
168 AUSTIN PARK AVENUE  
PONTE VEDRA, FL 32081 US

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

MONTEMAYOR, DAWN  
9633 MOSS ROSE WAY  
ORLANDO, FL 32832 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: DAWN MONTEMAYOR

06/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MONTEMAYOR, DAWN  
Address: PO BOX 621866  
City-St-Zip: ORLANDO, FL 32826 US

Title: MGRM  
Name: FRANCESCON, MARIA  
Address: 1643 WARWICK AVENUE, #150  
City-St-Zip: WARWICK, RI 02889

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: DAWN MONTEMAYOR

MGRM

06/23/2011

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