2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# L09000022624

Entity Name: FULL SPECTRUM MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

720 NE 25TH AVE. #38
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

720 NE 25TH AVE. #38
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 26-4448125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

CULLEN, JOHN E
158 LOOKOUT PLACE
SUITE 102
MAITLAND, FL 32751 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: BOWE, SHARON C
Address: 2133 19TH ST
City-St-Zip: CUYAHOGA FALLS, OH 44223

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 Statues.

SIGNATURE: SHARON BOWE PRES 05/03/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date