

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067568

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SOLACE MEDICAL LICENSING, LLC

**Current Principal Place of Business:**

5629 TOM SAWYER ROAD  
MILTON, FL 32583

**New Principal Place of Business:**

4700 TERRASANTA  
PENSACOLA, FL 32504

**Current Mailing Address:**

73294 PENN MILL ROAD  
COVINGTON, LA 70435 US

**New Mailing Address:**

4700 TERRASANTA  
PENSACOLA, FL 32504

**FEI Number:** 90-0539613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAMBER, KRISTINA  
5629 TOM SAWYER ROAD  
MILTON, FL 32583 US

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

BAMBER, KRISTINA  
4700 TERRASANTA  
PENSACOLA, FL 32504 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: KRISTINA BAMBER

01/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAMBER, KRISTINA  
Address: 4700 TERRASANTA  
City-St-Zip: PENSACOLA, FL 32504

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: KRISTINA BAMBER

MGRM

01/10/2011

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