

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001117

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL DOCUMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

1905 CORPORATE SQUARE BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1905 CORPORATE SQUARE BLVD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 27-1612691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASTERS, MARK  
1905 CORPORATE SQUARE BLVD  
JACKSONVILLE, FL 32216 US

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

MASTERS, MARK A PHD  
1905 CORPORATE SQUARE BLVD  
JACKSONVILLE, FL 32216 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: MARK A. MASTERS, PHD

01/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MASTERS, MARK A PHD  
Address: 1905 CORPORATE SQUARE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK A. MASTERS, PHD

MGR

01/11/2011

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