

DOCUMENT# L10000040514

**Entity Name:** EMERGENT MANAGEMENT SOLUTIONS, LLC

**New Principal Place of Business:****Current Mailing Address:****New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**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: JULIE SHUMAN , PSY.D., PA  
Address: 2200 NW CORPORATE BLVD - # 312  
City-St-Zip: BOCA RATON, FL 33431

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: JULIE SHUMAN

MGRM

03/17/2012

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