

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049722

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11382 SOUTHWEST 95 COURT  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

11382 SOUTHWEST 95 COURT  
MIAMI, FL 33176

**New Mailing Address:**

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

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

BROWN, WILLIAM J  
11382 SOUTHWEST 95 COURT  
MIAMI, FL 33176 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: BROWN, WILLIAM J  
Address: 11382 SOUTHWEST 95 COURT  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM  
Name: ARIETTA, AGUSTIN  
Address: 712 CREMONA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

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: WILLIAM J BROWN

MGRM

04/30/2012

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