

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050398

**Entity Name:** DISASTER MEDICAL SOLUTIONS LLC

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1242 SW PINE ISLAND ROAD  
UNIT 42  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

1242 SW PINE ISLAND ROAD  
UNIT 42-402  
CAPE CORAL, FL 33991 US

**Current Mailing Address:**

1242 SW PINE ISLAND ROAD  
UNIT 42  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

2344 DATE STREET  
ST JAMES CITY, FL 33956 US

FEI Number: 27-2548160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAXATTACK INC  
10260 SW 144 PL  
MIAMI, FL 33186 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: MGR  
Name: HERNANDEZ, LAURA J  
Address: 2344 DATE STREET  
City-St-Zip: ST JAMES CITY, FL 33956 US

Title: MGRM  
Name: HERNANDEZ, MATTHEW J  
Address: 351 N CONGRESS AVE UNIT 262  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGRM  
Name: HERNANDEZ, JOSE  
Address: 2344 DATE STREET  
City-St-Zip: ST JAMES CITY, FL 33956 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: JOSE HERNANDEZ

MGRM

02/17/2012

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