

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050398

FILED
Feb 17, 2012
Secretary of State

Entity Name: DISASTER MEDICAL SOLUTIONS LLC

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