

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 26, 2011
Secretary of State**

DOCUMENT# L10000076093

Entity Name: FLORIDA MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

13860 WELLINGTON TRACE
38-203
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13860 WELLINGTON TRACE
38-203
WELLINGTON, FL 33414

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:

STONEBRIDGE WEALTH MANAGEMENT INC
13700 US HIGHWAY 1
102
JUNO BEACH, FL 33408 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: KEENAN WHITACKER, INC
Address: 2510 WARREN AVE
City-St-Zip: CHEYENNE, WY 82001

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: KEENAN WHITACKER, INC MGRM 04/26/2011

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