

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076093

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**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                      04/27/2012

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