

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000123

FILED
Apr 24, 2012
Secretary of State

Entity Name: LINEAR MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 90-0608024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: KLARNER, DAVID D
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: DERIENZIS, JOSHUA
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID D. KLARNER

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04/24/2012

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