

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000077744

Entity Name: MEDSOLUTIONS CARE, INC.

Current Principal Place of Business:

1505 LBJ FREEWAY
SUITE 550
FARMERS BRANCH, TX 75234

Current Mailing Address:

1505 LBJ FREEWAY
SUITE 550
FARMERS BRANCH, TX 75234 US

FEI Number: 20-2931766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CLINT STURDIVANT

12/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name VAHEDIAN, TOHID ANTHONY
Address 1505 LBJ FREEWAY
 SUITE 550
City-State-Zip: FARMERS BRANCH TX 75234

Title SECRETARY, VP, DIRECTOR
Name CAPONE, MICHAEL
Address 1505 LBJ FREEWAY
 SUITE 550
City-State-Zip: FARMERS BRANCH TX 75234

Title TREASURER, DIRECTOR, CFO
Name HOFMEISTER, THOMAS C
Address 1505 LBJ FREEWAY
 SUITE 550
City-State-Zip: FARMERS BRANCH TX 75234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS HOFMEISTER

CFO

12/07/2020

Electronic Signature of Signing Officer/Director Detail

Date