

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120445

Entity Name: AA MEDICAL SOFTWARE DEVELOPERS LLC

Current Principal Place of Business:

(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-8066309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS, ANTONIO
140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ARIAS, ANTONIO
Address (NCG) 140 N WESTMONTE DR SUITE
100
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO ARIAS

PRES

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date