

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108268

Entity Name: IN-HOUSE MED B SOLUTIONS-FL, LLC

Current Principal Place of Business:

3820 MANSELL ROAD
SUITE 280
ALPHARETTA, GA 30022

Current Mailing Address:

3820 MANSELL ROAD
SUITE 280
ALPHARETTA, GA 30022 US

FEI Number: 26-3527549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PRES
Name FIRTH, CHRISTINA K
Address 1035 POWERS PLACE
City-State-Zip: ALPHARETTA GA 30009

Title MGR
Name WHITMAN, ARNOLD M
Address 1035 POWERS PLACE
City-State-Zip: ALPHARETTA GA 30009

Title MGR
Name NISHIMURA, KEVIN
Address 1035 POWERS PLACE
City-State-Zip: ALPHARETTA GA 30009

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA K FIRTH

MGR

04/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date