

**2015 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	Title	MGR
Name	FIRTH, CHRISTINA K	Name	WHITMAN, ARNOLD M
Address	3820 MANSELL ROAD SUITE 280	Address	3820 MANSELL ROAD SUITE 280
City-State-Zip:	ALPHARETTA GA 30022	City-State-Zip:	ALPHARETTA GA 30022

*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:** CHRISTINA K FIRTH

**PRESIDENT**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date