

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109548

Entity Name: WHITE MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

4300 FORD ST.
EXT. 110B
FORT MYERS, FL 33916

Current Mailing Address:

4300 FORD ST.
EXT. 110B
FORT MYERS, FL 33916

FEI Number: 59-3797768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, LISA M
7161 SHANNON BLVD
FORT MYERS, FL 33908 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 MGR
Name WHITE, LISA
Address 7161 SHANNON BLVD
City-State-Zip: FORT MYERS FL 33908

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: LISA WHITE

PRESIDENT

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date