

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094662

Entity Name: MAGNUM MEDICAL SOLUTIONS, LLC.

Current Principal Place of Business:

14913 MASTHEAD LANDING CIRCLE
WINTER GARDEN, FL 34787

Current Mailing Address:

14913 MASTHEAD LANDING CIRCLE
WINTER GARDEN, FL 34787 US

FEI Number: 80-0487541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARNER, MARK
14913 MASTHEAD LANDING CIRCLE
WINTER GARDEN, FL 34787 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 GARNER, MARK
Address 14913 MASTHEAD LANDING CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

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: MARK GARNER

OWNER

04/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date