

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049722

**Entity Name:** BA MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

9500 SW 62 COURT  
MIAMI, FL 33156

**Current Mailing Address:**

9500 SW 62 COURT  
MIAMI, FL 33156 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM J  
9500 SW 62 COURT  
MIAMI, FL 33156 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 BROWN, WILLIAM J  
Address 9500 SW 62 COURT  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name ARIETTA, AGUSTIN  
Address 712 CREMONA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*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:** WILLIAM J BROWN

MGR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date