

2015 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

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date