

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000137256

Entity Name: FRONTLINE MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

150 NW WILLOW GROVE AVE.
PORT ST. LUCIE, FL 34986

Current Mailing Address:

150 NW WILLOW GROVE AVE.
PORT ST. LUCIE, FL 34986 US

FEI Number: 45-3987776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARRAINZA, CESAR E
150 NW WILLOW GROVE AVE.
PORT ST. LUCIE, FL 34986 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 LARRAINZA, CESAR E
Address 150 NW WILLOW GROVE AVE.
City-State-Zip: PORT ST. LUCIE FL 34986

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: CESAR E. LARRAINZA

MGRM

05/10/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date