

**2015 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:** Yes

**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 LARRAINZA

MGRM

04/21/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date