

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000081547

Entity Name: NATIONAL HEALTHCARE PROVIDER SOLUTIONS, LLC

Current Principal Place of Business:

3605 MOSSY OAK CIRCLE
LAND O LAKES, FL 34639

Current Mailing Address:

POBOX 549
LAND O LAKES, FL 34639 US

FEI Number: 45-5536449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ-ROSARIO, LISA
3605 MOSSY OAK CIRCLE
LAND O LAKES, FL 34639 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 MGR
Name CRUZ-ROSARIO, LISA
Address POBOX 549
City-State-Zip: LAND O LAKES FL 34639

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: LISA CRUZ-ROSARIO

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date