

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134367

**Entity Name:** FRONTIER HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

3006 W SAN ISIDRO ST  
TAMPA, FL 33629

**Current Mailing Address:**

3006 W. SAN ISIDRO ST.  
TAMPA, FL 33629

**FEI Number:** 46-1237272

**Certificate of Status Desired:** No

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

COLIBAO, ARTHUR C  
3006 W. SAN ISIDRO ST.  
TAMPA, FL 33629 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                   | Title           | MGRM                   |
| Name            | COLIBAO, ARTHUR C      | Name            | COLIBAO, REGINA B      |
| Address         | 3006 W. SAN ISIDRO ST. | Address         | 3006 W. SAN ISIDRO ST. |
| City-State-Zip: | TAMPA FL 33629         | City-State-Zip: | TAMPA FL 33629         |

*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:** ARTHUR C COLIBAO

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date