

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000115234

**Entity Name:** IMS MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

2441 SOUTH HIAWASSEE RD  
ORLANDO, FL 32835

**Current Mailing Address:**

2441 SOUTH HIAWASSEE RD  
ORLANDO, FL 32835

**FEI Number:** 47-1728584

**Certificate of Status Desired:** No

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

SIDDIQUI, AMNA I  
2441 SOUTH HIAWASSEE RD  
ORLANDO, FL 32835 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:** AMNA I SIDDIQUI

04/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MEMBER
Name	SIDDIQUI, HAREEM	Name	SIDDIQUI, AMNA
Address	2441 SOUTH HIAWASSEE RD	Address	2441 SOUTH HIAWASSEE ROAD
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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:** HAREEM SIDDIQUI

MANGER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date