# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000115234

Entity Name: IMS MEDICAL SOLUTIONS LLC

# **Current Principal Place of Business:**

2295 SOUTH HIAWASSEE RD 406 ORLANDO, FL 32835

# **Current Mailing Address:**

2295 SOUTH HIAWASSEE RD 406 ORLANDO, FL 32835

# FEI Number: 46-3517409

### Name and Address of Current Registered Agent:

SIDDIQI, AMNA I 2295 SOUTH HIAWASSEE RD 406 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:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleAUTHORIZED REPRESENTATIVENameSOTO, ANGIEAddress2295 SOUTH HIAWASSEE RD<br/>406City-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: SOTO ANGIE

Electronic Signature of Signing Authorized Person(s) Detail

FILED
Apr 27, 2014
Secretary of State
CC7611102669

Certificate of Status Desired: No

04/27/2014

Date

Date