

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000188353

**Entity Name:** INTERSTATE MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

322 E CENTRAL BLVD  
#2202  
ORLANDO, FL 32801

**Current Mailing Address:**

322 E CENTRAL BLVD  
#2202  
ORLANDO, FL 32801 US

**FEI Number:** 32-0508156

**Certificate of Status Desired:** No

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

TILLMAN, DAVID A  
322 E CENTRAL BLVD  
#2202  
ORLANDO, FL 32801 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 TILLMAN, DAVID A  
Address 322 E CENTRAL BLVD #2202  
City-State-Zip: ORLANDO FL 32801

*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:** DAVID ARNOLD TILLMAN

**MANAGER**

**04/28/2017**

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

\_\_\_\_\_  
Date