

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003602

**Entity Name:** PRIORITY CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

3802 CORPOREX DRIVE, SUITE 100  
TAMPA, FL 33619

**Current Mailing Address:**

3802 CORPOREX DRIVE, SUITE 100  
TAMPA, FL 33619

**FEI Number:** 30-0793427

**Certificate of Status Desired:** No

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

PRIORITY CARE SOLUTIONS, INC.  
3802 CORPOREX DRIVE, SUITE 100  
TAMPA, FL 33619 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 MBR  
Name PRIORITY CARE SOLUTIONS, INC  
Address 3802 CORPOREX DRIVE, SUITE 100  
City-State-Zip: TAMPA FL 33619

*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:** MARK HINSHAW

**CFO OF MBR**

**09/03/2015**

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

\_\_\_\_\_  
Date