

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067116

**FILED  
Apr 12, 2006  
Secretary of State**

**Entity Name:** ACM HEALTH TECHNOLOGIES, LLC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
2104  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
2104  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 20-3111238      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MURTHY, NALLURU C  
390 VISTA OAK DRIVE  
LONGWOOD, FL 32779 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MURTHY, NALLURU C  
Address: 2180 WEST STATE ROAD 434 #2104  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NALLURU C. MURTHY      MGRM      04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date