

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066802

FILED
Apr 15, 2011
Secretary of State

Entity Name: HEALTHCARE DATA SOLUTIONS, LLC

Current Principal Place of Business:

407 WEKIVA SPRINGS RD
SUITE 241
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

407 WEKIVA SPRINGS RD
SUITE 241
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-5142660 **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
Name: MURTHY, NALLURU C
Address: 390 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM
Name: MANI, KURIAN DR.
Address: 23464 GLENRIDGE DRIVE
City-St-Zip: NEWHALL, CA 91321 US

Title: MGRM
Name: HONG-BAE, SOO
Address: 3241 HAWKWOOD ROAD
City-St-Zip: DIAMOND BAR, CA 91765 US

I hereby 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 04/15/2011

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