

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001076

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** HEALTHTECH SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

405 DUKE DRIVE, SUTIE 210  
FRANKLIN, TN 37067

**New Principal Place of Business:**

**Current Mailing Address:**

405 DUKE DRIVE, SUTIE 210  
FRANKLIN, TN 37067

**New Mailing Address:**

**FEI Number:** 27-1572652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: HEALTHTECH, LLC  
Address: 405 DUKE DR., STE. 210  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: JENNESSE, MICHAEL  
Address: 405 DUKE DR., STE. 210  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: MORKEL, DEREK  
Address: 405 DUKE DR., STE. 210  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: DAVIS, BETH  
Address: 405 DUKE DR., STE. 210  
City-St-Zip: FRANKLIN, TN 37067

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: BETH DAVIS

MGR

04/09/2012

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