

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067116

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

**Current Principal Place of Business:**

407 WEKIVA SPRINGS RD, STE 241  
LONGWOOD, FL 32779

**Current Mailing Address:**

407 WEKIVA SPRINGS RD, STE 241  
LONGWOOD, FL 32779 US

**FEI Number:** 20-3111238

**Certificate of Status Desired:** No

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

MURTHY, NALLURU C  
390 VISTA OAK DRIVE  
LONGWOOD, FL 32779 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 MURTHY, NALLURU C  
Address 390 VISTA OAK DR  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name KOTA, MURTHY  
Address 10752 DEERWOOD PARK BLVD  
SOUTH STE 100  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name BEDEROW, DAVID A  
Address 616 RIVERPARK CIRCLE  
City-State-Zip: LONGWOOD FL 32779

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NALLURU C MURTHY

MGR

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date