

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067116

Entity Name: ACM HEALTH TECHNOLOGIES, LLC.

Current Principal Place of Business:

390 VISTA OAK DR
LONGWOOD, FL 32779

Current Mailing Address:

PO BOX 917329
LONGWOOD, FL 32791 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NALLURU C MURTHY

MGR

04/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date