

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066802

**Entity Name:** HEALTHCARE DATA SOLUTIONS, LLC

**Current Principal Place of Business:**

% BHKDH ACCOUNTANCY CORP  
5001 E. COMMERCENTER DRIVE 350  
BAKERSFIELD, CA 93309

**Current Mailing Address:**

% BHKDH ACCOUNTANCY CORP  
5001 E. COMMERCENTER DRIVE 350  
BAKERSFIELD, CA 93309 US

**FEI Number:** 20-5142660

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
236 E. 6TH AVENUE  
TALLAHASSEE, FL 32303 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:** SHARON COOKE, ASSISTANT SECRETARY

04/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FRANDINATA, LINDRA  
Address % BHKDH ACCOUNTANCY CORP  
5001 E. COMMERCENTER DRIVE 350  
City-State-Zip: BAKERSFIELD CA 93309

Title MGRM  
Name SHAH, NILAY  
Address % BHKDH ACCOUNTANCY CORP  
5001 E. COMMERCENTER DRIVE 350  
City-State-Zip: BAKERSFIELD CA 93309

*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:** LINDRA FRANDINATA

MEMBER

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date