## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000070003

Entity Name: 360 HEALTH SYSTEMS, LLC

**Current Principal Place of Business:** 

6355 NW 36TH STREET

STE 500

VIRGINIA GARDENS, FL 33166

**Current Mailing Address:** 

100 ALMERIA AVE STE 202

CORAL GABLES, FL 33134 US

FEI Number: 46-2782321 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, JORGE R 100 ALMERIA AVE STE 340 CORAL GABLES, FL 33134 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

FILED Jan 06, 2014

**Secretary of State** 

CC9706414033

Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameEBIDATA, LLCNameB2B PRACTICAL TOOLS, LLCAddress100 ALMERIA AVEAddress1251 WEST 63RD STREET

STE 202 City-State-Zip: HIALEAH FL 33012

City-State-Zip: CORAL GABLES FL 33134

Title CEO Title MANAGER

Name BENJAMIN, LLC Name BENJAMIN, LLC

Address 5630 NW 114 PATH Address 4517 NW 109TH COURT

# 213 City-State-Zip: DORAL FL 33178

Title MANAGER

Name MEDSOLN, LLC

Address 12805 SW 58 LANE

City-State-Zip: MIAMI FL 33183

DORAL FL 33178

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: URS EBNER MANAGER 01/06/2014