

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103290

**Entity Name:** ACE HEALTH SOLUTION LLC

**Current Principal Place of Business:**

5406 HOOVER BLVD  
SUITE 17  
TAMPA, FL 33634

**Current Mailing Address:**

5406 HOOVER BLVD  
SUITE 17  
TAMPA, FL 33634 US

**FEI Number:** 81-2771158

**Certificate of Status Desired:** No

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

SINGH, PRASANNA K  
5406 HOOVER BLVD  
SUITE 17  
TAMPA, FL 33634 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 AMBR  
Name SINGH, PRASANNA K  
Address 5406 HOOVER BLVD  
SUITE 17  
City-State-Zip: TAMPA FL 33634

Title MGR  
Name SINGH, VIBHA  
Address 5406 HOOVER BLVD  
SUITE 17  
City-State-Zip: TAMPA FL 33634

*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:** SINGH PRASANNA

**MGR**

**04/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date