

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000191721

**Entity Name:** HEALTHSOLUTIONS LLC

**Current Principal Place of Business:**

11924 FOREST HILL BLVD.  
STE. 10A-243  
WELLINGTON, FL 33414

**Current Mailing Address:**

11924 FOREST HILL BLVD.  
STE. 10A-243  
WELLINGTON, FL 33414 UN

**FEI Number:** 81-4149908

**Certificate of Status Desired:** Yes

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

RODRIGUEZ-LOUIS, MAGALI  
1196 JACKPINE STREET  
WELLINGTON, FL 33414 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           MANAGER  
Name           RODRIGUEZ-LOUIS, MAGALI  
Address       11924 FOREST HILL BLVD.  
                  STE. 10A-243  
City-State-Zip: WELLINGTON   33414

*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:** MAGALI RODRIGUEZ-LOUIS

**MANAGER**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date