

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000165047

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

**Current Principal Place of Business:**

3522 THOMASVILLE RD.  
SUITE 301  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3522 THOMASVILLE RD.  
SUITE 301  
TALLAHASSEE, FL 32309 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HEALY, DAVID P  
3522 THOMASVILLE RD.  
SUITE 301  
TALLAHASSEE, FL 32309 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 HEALY, DAVID P  
Address 3522 THOMASVILLE RD., SUITE 301  
City-State-Zip: TALLAHASSEE FL 32309

*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:** DAVID HEALY

**MANAGER**

**03/11/2021**

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

\_\_\_\_\_  
Date