

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001265

Entity Name: CONSOLIDATED HEALTHCARE SOLUTIONS OF OHIO, LLC**Current Principal Place of Business:**4700 ASHWOOD DRIVE SUITE 135
CINCINNATI, OH 45241**Current Mailing Address:**4700 ASHWOOD DRIVE SUITE 135
CINCINNATI, OH 45241**FEI Number:** 94-3439808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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:** JACKLYN WRIGHT

01/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	CLARKE, RONALD E
Address	4700 ASHWOOD DR SUITE 135
City-State-Zip:	CINCINNATI OH 45241

Title	MGRM
Name	WALLACE, DAVID
Address	4700 ASHWOOD DR SUITE 135
City-State-Zip:	CINCINNATI OH 45241

Title	OFFICE MANAGER
Name	BROENING, MARGO FLIPPO
Address	4700 ASHWOOD DRIVE 135
City-State-Zip:	CINCINNATI OH 45241

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: MARGO FLIPPO BROENING

OFFICE MANAGER

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date