

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001265

**FILED**  
**Mar 22, 2018**  
**Secretary of State**  
**CC9827904618**

**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

03/22/2018

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:** DAVID WALLACE

VICE PRESIDENT

03/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date