

2013 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: _____

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD E. CLARKE

MANAGING PARTNER

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date