

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005495

**Entity Name:** BLUESPARK HEALTHCARE COMMUNICATIONS LLC**Current Principal Place of Business:**485C ROUTE 1 SOUTH, SUITE 120  
ISELIN, NJ 08830**Current Mailing Address:**485C ROUTE 1 SOUTH, SUITE 120  
ISELIN, NJ 08830 US**FEI Number:** 20-3185320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	Title	CFO
Name	DAS HOLDINGS INC	Name	KIELTY, BRIAN
Address	437 MADISON AVENUE	Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	ISELIN NJ 08830
Title	S	Title	AS
Name	GANGI, CRAIG	Name	JONES, KATHLEEN M
Address	485C ROUTE 1 SOUTH, SUITE 120	Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830	City-State-Zip:	ISELIN NJ 08830

*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:** BRIAN KIELTY

CFO

04/25/2018

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