

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000008155

**Entity Name:** HEALTHTECH SOLUTIONS KY, LLC

**Current Principal Place of Business:**

2030 HOOVER BLVD.  
FRANKFORT, KY 40601

**Current Mailing Address:**

2030 HOOVER BLVD.  
FRANKFORT, KY 40601 US

**FEI Number:** 45-2938486

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	COO	Title	CEO
Name	LASSITER, FRANKLIN T	Name	KAPOOR, SANDEEP
Address	2030 HOOVER BLVD.	Address	2030 HOOVER BLVD.
City-State-Zip:	FRANKFORT KY 40601	City-State-Zip:	FRANKFORT KY 40601

*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:** FRANKLIN T. LASSITER

COO

04/04/2019

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

\_\_\_\_\_  
Date