2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L07000096747

Entity Name: HSS CONSULTANCY, LLC

Current Principal Place of Business:

405 N REO ST
STE 300
TAMPA, FL 33609

New Principal Place of Business:

42 W 39TH STREET
6TH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

405 N REO ST
STE 300
TAMPA, FL 33609

New Mailing Address:

42 W 39TH STREET
6TH FLOOR
NEW YORK, NY 10018

FEI Number: 26-1711484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CFRA, LLC
4221 BOYSCOUT BLVD
10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEALTH SYSTEMS SOLUTIONS, INC
Address: 405 NORTH REO STREET, SUITE 300
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEALTH SYSTEMS SOLUTIONS, INC
Address: 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Change (X) Addition
Name: STANLEY, VASHOVSKY
Address: 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Change (X) Addition
Name: LEVINE, MICHAEL
Address: 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Change (X) Addition
Name: RYABOY, ANATOLIY
Address: 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL LEVINE MGR 06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date