

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000893

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** HEALTH SYSTEMS SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

405 N REO STREET STE 300  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 N REO STREET STE 300  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 26-1710666      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:**

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

CFRA, LLC  
4221 W BOY SCOUT BLVD  
TAMPA, FL 336075736 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

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: VASHOVSKY, STANLEY  
Address: 42 W 39TH STREET, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Change (X) Addition  
Name: LEVINE, MICHAEL G  
Address: 42 W 39TH STREET, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Change (X) Addition  
Name: RYABOY, ANATOLIY  
Address: 42 W 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 G. LEVINE

MGR

07/01/2009

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