

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000893

FILED
Apr 14, 2010
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 ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W BOY SCOUT BLVD
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: MGR
Name: VASHOVSKY, STANLEY
Address: 42 W 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

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

Title: MGR
Name: RYABOY, ANATOLIY
Address: 42 W 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

I hereby 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

CFO

04/14/2010

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