2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084977

FILED
Aug 17, 2010
Secretary of State

Entity Name: ONE HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

401 EAST LAS OLAS, SUITE 1120
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS, SUITE 1120
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: GRUVERMAN, HOWARD
Address: 401 EAST LAS OLAS, SUITE 1120
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR
Name: WIERDA, ANDREW
Address: 401 EAST LAS OLAS, SUITE 1120
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR
Name: ARCHAMBAULT, MIKE
Address: 401 EAST LAS OLAS, SUITE 1120
City-St-Zip: FT. LAUDERDALE, FL 33301

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 Statues.

SIGNATURE: HOWARD GRUVERMAN MGR 08/17/2010

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