

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084977

**FILED**  
**Apr 27, 2011**  
**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:**

100 NE 3RD AVENUE  
SUITE 1050  
FORT LAUDERDALE, FL 33301 US

**Current Mailing Address:**

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

**New Mailing Address:**

235 CENTRAL AVE  
HOLLAND, MI 49423 US

FEI Number: 27-4590323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: ARCHAMBAULT, MIKE G  
Address: 100 NE 3RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: MGR  
Name: WIERDA, ANDREW  
Address: 100 NE 3RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

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: ANDREW WIERDA

MGR

04/27/2011

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