

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084977

**Entity Name:** ONE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

235 CENTRAL AVENUE  
HOLLAND, MI 49423

**Current Mailing Address:**

3523 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431 US

**FEI Number:** 27-4590323

**Certificate of Status Desired:** No

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

ARCHAMBAULT, MIKE G  
3523 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431 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:** MIKE ARCHAMBAULT

02/14/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ARCHAMBAULT, MIKE G	Name	ARCHAMBAULT, MARIE A
Address	3523 PINE HAVEN CIRCLE	Address	3523 PINE HAVEN CIRCLE
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKE ARCHAMBAULT

MANAGER

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date