

**2014 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:**

235 CENTRAL AVE  
HOLLAND, MI 49423 US

**FEI Number:** 27-4590323

**Certificate of Status Desired:** No

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

CORPDIRECT AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

|                 |                         |                 |                  |
|-----------------|-------------------------|-----------------|------------------|
| Title           | MGR                     | Title           | MGR              |
| Name            | ARCHAMBAULT, MIKE G     | Name            | WIERDA, ANDREW C |
| Address         | 100 NE 3RD AVENUE       | Address         | 235 CENTRAL AVE  |
| City-State-Zip: | FT. LAUDERDALE FL 33301 | City-State-Zip: | HOLLAND MI 49423 |

*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:** ANDREW WIERDA

**PRINCIPAL**

**02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date