

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000649

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2275674236**

**Entity Name:** MANAGEMENT HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

10150 HIGHLAND MANOR DR SUITE 240  
TAMPA, FL 33610

**Current Mailing Address:**

501 KINGS HWY EAST SUITE 108  
FAIRFIELD, CT 06825

**FEI Number: 11-3472971**

**Certificate of Status Desired: Yes**

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

STITT, LORI L  
10150 HIGHLAND MANOR DR SUITE 240  
TAMPA, FL 33610 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

**Officer/Director Detail :**

Title DT  
Name FERRIS, MICHAEL  
Address 394 CEDAR HILL RD  
City-State-Zip: AMBLER PA 19002

Title S  
Name KELLIHER, KENNETH  
Address 9 PERCY WILLIAMS DR  
City-State-Zip: EAST ISLIP NY 11730

Title CP  
Name MURPHY, EDWARD G  
Address 501 KINGS HWY EAST SUITE 108  
City-State-Zip: FAIRFIELD CT 06825

Title CFO  
Name LEDWICK, TIM  
Address 501 KINGS HWY EAST SUITE 108  
City-State-Zip: FAIRFIELD CT 06825

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN KILEY**

**VP**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date