#### 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000649

Entity Name: MANAGEMENT HEALTH SOLUTIONS, INC.

FILED
Jan 15, 2015
Secretary of State
CC1912957062

# **Current Principal Place of Business:**

10150 HIGHLAND MANOR DR SUITE 240

TAMPA, FL 33610

## **Current Mailing Address:**

99 HAWLEY LANE SUITE 1201 STRATFORD. CT 06614-1202 US

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 Title S

Name FERRIS, MICHAEL Name KELLIHER, KENNETH

Address 99 HAWLEY LANE Address 99 HAWLEY LANE

SUITE 1201 SUITE 1201

City-State-Zip: STRATFORD CT 06614-1202 City-State-Zip: STRATFORD CT 06614-1202

Title CP Title CFO

NameMURPHY, EDWARD GNameLEDWICK, TIMAddress99 HAWLEY LANEAddress99 HAWLEY LANE

SUITE 1201 SUITE 1201

City-State-Zip: STRATFORD CT 06614-1202 City-State-Zip: STRATFORD CT 06614-1202

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.