

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000649

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

**Current Principal Place of Business:**

5701 EAST HILLSBOROUGH AVE  
SUITE 2327  
TAMPA, FL 33610-5423

**Current Mailing Address:**

5701 EAST HILLSBOROUGH AVE  
SUITE 2327  
TAMPA, FL 33610-5423 US

**FEI Number: 11-3472971**

**Certificate of Status Desired: Yes**

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

CT CORPORATION SYSTEM  
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:** CT CORPORATION SYSTEM- LESLIE MARTIN

02/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CEO  
Name PLESKO, TODD  
Address 5701 EAST HILLSBOROUGH AVE  
SUITE 2327  
City-State-Zip: TAMPA FL 33610-5423

Title SECRETARY, TREASURER, CFO  
Name LEDWICK, TIM  
Address 5701 EAST HILLSBOROUGH AVE  
SUITE 2327  
City-State-Zip: TAMPA FL 33610-5423

Title VP  
Name KILEY, KEVIN P  
Address 5701 EAST HILLSBOROUGH AVE  
SUITE 2327  
City-State-Zip: TAMPA FL 33610-5423

*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

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date