# 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: KAREN RIVO

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P17000016672

### Entity Name: POPULATION HEALTH INNOVATIONS INC

### **Current Principal Place of Business:**

4566 PRAIRIE AVENUE MIAMI BEACH. FL 33140

### **Current Mailing Address:**

4566 PRAIRIE AVENUE MIAMI BEACH. FL 33140 US

## FEI Number: 47-3682513

# Name and Address of Current Registered Agent:

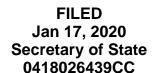
Electronic Signature of Registered Agent

RIVO, KAREN 4566 PRAIRIE AVENUE MIAMI BEACH, FL 33140 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:

#### **Officer/Director Detail :** Title Title D Ρ Name **RIVO, KAREN** Name RIVO, MARC 4566 PRAIRIE AVENUE Address Address 4566 PRAIRIE AVENUE City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip:



Certificate of Status Desired: No

MIAMI BEACH FL 33140

DIRECTOR

01/17/2020 Date

Date