

**2023 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

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	D	Title	P
Name	RIVO, KAREN	Name	RIVO, MARC
Address	4566 PRAIRIE AVENUE	Address	4566 PRAIRIE AVENUE
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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 AND MARC RIVO

**OFFICERS**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date