

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000116806

**Entity Name:** PULSE HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

17113 MIRAMAR PARWAY  
140  
TAMARAC, FL 33027

**Current Mailing Address:**

17113 MIRAMAR PARWAY  
140  
TAMARAC, FL 33027 US

**FEI Number:** 46-3448235

**Certificate of Status Desired:** Yes

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

WHAT A REFUND INC  
2817 SW 177 AVE  
MIRAMAR, FL 33029 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:** GUILLERMO J CACERES

04/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ARAUJO, AIME	Name	HERNANDEZ, GABRIEL
Address	4503 KING PALM DR	Address	4503 KING PALM DR
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GABRIEL HERNANDEZ

MGR

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date