#### 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.

MGR

SIGNATURE: GABRIEL HERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

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

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.

# 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

# Name and Address of Current Registered Agent:

WHAT A REFUND INC 2817 SW 177 AVE MIRAMAR, FL 33029 US

SIGNATURE: GUILLERMO J CACERES 04/23/2018 Date Electronic Signature of Registered Agent

Certificate of Status Desired: Yes

04/23/2018

Date

FILED Apr 23, 2018 Secretary of State CC4660594732