

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000116806

**Entity Name:** PULSE HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

777 BRICKELL AVENUE  
#500-96237  
MIAMI, FL 33131

**Current Mailing Address:**

777 BRICKELL AVENUE  
#500-96237  
MIAMI, FL 33131 US

**FEI Number:** 46-3448235

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

04/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ARAUJO, AIME  
Address 777 BRICKELL AVE  
#500-96237  
City-State-Zip: MIAMI FL 33151

Title MGR  
Name HERNANDEZ, GABRIEL  
Address 777 BRICKELL AVE  
#500-96237  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ARAUJO, AIME  
Address 777 BRICKELL AVENUE  
#500-96237  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HERNANDEZ, GABRIEL  
Address 777 BRICKELL AVENUE  
#500-96237  
City-State-Zip: MIAMI FL 33131

*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:** AIME ARAUJO

**MANAGER**

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date