

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000116806

**Entity Name:** PULSE HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

2127 W 54TH STREET  
HIALEAH, FL 33016

**Current Mailing Address:**

2127 W 54TH STREET  
HIALEAH, FL 33016 US

**FEI Number:** 46-3448235

**Certificate of Status Desired:** No

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

WHAT A REFUND INC  
2570 W 84TH STREET  
HIALEAH, FL 33016 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

06/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ARAUJO, AIME	Name	HERNANDEZ, GABRIEL
Address	2127 W 54TH STREET	Address	2127 W 54TH STREET
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016

*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

**PRESIDENT**

06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date