

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000136872

Entity Name: ADVANCED RESEARCH FOR HEALTH IMPROVEMENT LLC**Current Principal Place of Business:**1172 GOODLETTE FRANK RD NORTH
SUITE# 201
NAPLES, FL 34102-5430**Current Mailing Address:**1172 GOODLETTE FRANK RD NORTH
SUITE# 201
NAPLES, FL 34102-5430 US**FEI Number:** 82-2062292**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VIERA, TERESA
2845 35TH AVE NE
NAPLES, FL 34120 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**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ZULAY ZAYAS	Name	NIRKA M CORDERO
Address	6664 TRAIL BLVD	Address	1090 6TH AVE NORTH
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34102
Title	SECRETARY, MGR	Title	MGR
Name	RAMOS, JUAN CARLOS	Name	PEREZ, LEANDRO
Address	4179 GOLDEN GATE PKWY	Address	144 SPRING LAKE CIRCLE
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34119

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: JUAN C RAMOS**MANAGER****03/29/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date