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.

PRESIDENT

SIGNATURE: KUNAL JAIN	

Electronic Signature of Signing Authorized Person(s) Detail

CLEARWATER, FL 33761
Current Mailing Address:

Current Principal Place of Business:

2410 NORTHSIDE DR CLEARWATER, FL 33761 US

DOCUMENT# L18000272782

2410 NORTHSIDE DR

FEI Number: 83-2526950

Name and Address of Current Registered Agent:

JAIN, KUNAL 2410 NORTHSIDE DR CLEARWATER, FL 33761 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:	KUNAL JAIN
	Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	JAIN, KUNAL
Address	2410 NORTHSIDE DR
City-State-Zip:	CLEARWATER FL 33761

Entity Name: INDUS FUNDS TO CONCEPT MEDICAL LLC

FILED Oct 22, 2019 Secretary of State 6592159665CR

Certificate of Status Desired: No

10/22/2019 Date

Date

10/22/2019