

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000190110

**Entity Name:** FUSION HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

1730 MAIN ST  
STE 216  
WESTON, FL 33326

**Current Mailing Address:**

1730 MAIN ST  
STE 216  
WESTON, FL 33326 US

**FEI Number:** 84-2624153

**Certificate of Status Desired:** No

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

HINESTROSA, PILAR  
1730 MAIN ST  
STE 216  
WESTON, FL 33326 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:** PILAR HINESTROSA

01/11/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            HINESTROSA, PILAR  
Address        1730 MAIN ST  
                  STE 216  
City-State-Zip: WESTON FL 33326

*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:** PILAR HINESTROSA

PRESIDENT

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date