

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001283

Entity Name: ASCEND CLINICAL, LLC

Current Principal Place of Business:

435 OAKMEAD PKWY
SUNNYVALE, CA 94085

Current Mailing Address:

435 OAKMEAD PKWY
SUNNYVALE, CA 94085 US

FEI Number: 94-3357013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SATELLITE HEALTHCARE, INC.
Address 200 SANTANA ROW
 3RD FLOOR
City-State-Zip: SAN JOSE CA 95128

Title AUTHORIZED REPRESENTATIVE
Name KURLAND, MAX
Address 435 OAKMEAD PKWY
City-State-Zip: SUNNYVALE CA 94085

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: MAX KURLAND

**AUTHORIZED
REPRESENTATIVE**

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date