

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001283

**Entity Name:** ASCEND CLINICAL, LLC

**Current Principal Place of Business:**

1400 INDUSTRIAL WAY  
REDWOOD CITY, CA 94063

**Current Mailing Address:**

1400 INDUSTRIAL WAY  
REDWOOD CITY, CA 94063

**FEI Number:** 94-3357013

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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         3RD FLOOR 200 SANTANA ROW  
City-State-Zip:  SAN JOSE CA 95128

Title            AUTHORIZED PERSON  
Name            KURLAND, MAX  
Address         1400 INDUSTRIAL WAY  
City-State-Zip:  REDWOOD CITY CA 94063

*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 PERSON**

**01/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date