

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001234

Entity Name: INTERACTIVATION HEALTH NETWORKS, LLC.

Current Principal Place of Business:

3RD FLOOR 395 HUDSON ST
NEW YORK, NY 10014

Current Mailing Address:

3RD FLOOR 395 HUDSON ST
NEW YORK, NY 10014 US

FEI Number: 27-2215939

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 AUTHORIZED REPRESENTATIVE
Name USTICA, DAWN
Address 121 CHANLON RD
SUITE 110
City-State-Zip: NEW PROVIDENCE NJ 07974

Title VP
Name STAMPE, ROSEANN
Address 121 CHANLON RD
SUITE 110
City-State-Zip: NEW PROVIDENCE NJ 07974

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: DAWN USTICA

AUTHORIZED PERSON

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date