

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007712

**Entity Name:** FORESIGHT MEDICAL, LLC

**Current Principal Place of Business:**

1277 TREAT BLVD, STE 800  
WALNUT CREEK, CA 94597

**Current Mailing Address:**

1277 TREAT BLVD, STE 800  
WALNUT CREEK, CA 94597 US

**FEI Number:** 46-2715878

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name PARADIGM MANAGEMENT  
SERVICES, LLC  
Address 1277 TREAT BLVD, STE 800  
City-State-Zip: WALNUT CREEK CA 94597

*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:** PARADIGM MANAGEMENT SERVICES, LLC

**MEMBER**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date