

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002381

**Entity Name:** KIPU HEALTH LLC

**Current Principal Place of Business:**

55 ALHAMBRA PLAZA  
FLOOR 6  
CORAL GABLES, FL 33134

**Current Mailing Address:**

55 ALHAMBRA PLAZA  
FLOOR 6  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-0716811

**Certificate of Status Desired:** No

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

BELL, BRIAN  
55 ALHAMBRA PLAZA  
FLOOR 6  
CORAL GABLES, FL 33134 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:** BRIAN BELL

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name BELL, BRIAN D  
Address 55 ALHAMBRA PLAZA  
FLOOR 6  
City-State-Zip: CORAL GABLES FL 33134

*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:** BRIAN BELL

CORPORATE GENERAL  
COUNSEL

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date