

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000009279

Entity Name: LEVEL2 HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

5995 OPUS PARKWAY
MN082-N200
MINNETONKA, MN 55343

Current Mailing Address:

5995 OPUS PARKWAY
MN082-N200
MINNETONKA, MN 55343 US

FEI Number: 82-3130872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MANAGER
Name WEBB, ROBERT THOMAS
Address 5995 OPUS PARKWAY
 MN082-N200
City-State-Zip: MINNETONKA MN 55343

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: ROBERT THOMAS WEBB

MANAGER

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date