

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011897

**Entity Name:** KALEIDOSCOPE HEALTH LLC

**Current Principal Place of Business:**

338 PEEVY ST  
BUFORD, GA 30518

**Current Mailing Address:**

7903 CHARTREUX LN  
MAITLAND, FL 32751 US

**FEI Number:** 84-4943847

**Certificate of Status Desired:** Yes

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

APPLING, MATTHEW  
7903 CHARTREUX LN  
MAITLAND, FL 32751 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	MGR	Title	OWNER
Name	DE SEDAS, MARIO	Name	MATTHEW, APPLING
Address	7903 CHARTREUX LN	Address	7903 CHARTREUX LN
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

*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:** MARIO DE SEDAS

**OFFICE MANAGER**

**01/31/2023**

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

\_\_\_\_\_  
Date