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.

MGR

SIGNATURE: DIXAN GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	KHANT, EINDAR M	Name	GONZALEZ, DIXAN
Address	5900 N ANDREWS AVE 802	Address	5900 N ANDREWS AVE 802
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000053664

Entity Name: PASSAGE HEALTH INTERNATIONAL, "L.L.C."

Current Principal Place of Business:

5900 N ANDREWS AVE 802 FORT LAUDERDALE, FL 33309

Current Mailing Address:

5900 N ANDREWS AVE 802 FORT LAUDERDALE, FL 33309 US

FEI Number: 46-2794441

Name and Address of Current Registered Agent:

KHANT, EINDAR M 5900 N ANDREWS AVE 802

FORT LAUDERDALE, FL 33309 US

Certificate of Status Desired: No

02/09/2024

Date