

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000190110

Entity Name: FUSION HEALTH SYSTEMS, LLC

Current Principal Place of Business:

1730 MAIN ST
STE 216
WESTON, FL 33326

Current Mailing Address:

1730 MAIN ST
STE 216
WESTON, FL 33326 US

FEI Number: 84-2624153

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HINESTROSA, PILAR
1730 MAIN ST
STE 216
WESTON, FL 33326 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: PILAR HINESTROSA

02/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name HINESTROSA, PILAR
Address 1730 MAIN ST
 STE 216
City-State-Zip: WESTON FL 33326

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: PILAR HINESTROSA

PRESIDENT

02/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date