

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000190110

**Entity Name:** FUSION HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

3043 LAKEWOOD DR  
WESTON, FL 33332

**Current Mailing Address:**

3043 LAKEWOOD DR  
WESTON, FL 33332 US

**FEI Number: 84-2624153**

**Certificate of Status Desired: Yes**

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

GECHOF, JORGE  
3043 LAKEWOOD DR  
WESTON, FL 33332 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:** JORGE GECHOF

01/10/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            GECHOF, JORGE  
Address        3043 LAKEWOOD DR  
City-State-Zip: WESTON FL 33332

*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:** JORGE GECHOF

CEO

01/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date