

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000110754

**Entity Name:** URUS HEALTH, LLC

**Current Principal Place of Business:**

3125 GIFFORD LANE  
MIAMI, FL 33133

**Current Mailing Address:**

3125 GIFFORD LANE  
MIAMI, FL 33133

**FEI Number:** 85-1120358

**Certificate of Status Desired:** No

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

LAMOURT, HECTOR L  
3125 GIFFORD LANE  
MIAMI, FL 33133 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  
Name VANAC, SUSAN E  
Address PO BOX 141736  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name LAMOURT, HECTOR L  
Address 3125 GIFFORD LANE  
City-State-Zip: MIAMI FL 33133

*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:** HECTOR L. LAMOURT

**MANAGER**

**03/19/2021**

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

\_\_\_\_\_  
Date