

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534641

**Entity Name:** EVENTUS INFUSION, LLC

**Current Principal Place of Business:**

805 N WHITTINGTON PKWY  
LOUISVILLE, KY 40222-5186

**Current Mailing Address:**

805 N WHITTINGTON PKWY  
LOUISVILLE, KY 40222-5186 US

**FEI Number:** 84-2644043

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY, DIRECTOR  
Name BROWN, ALLISON L.  
Address 805 N WHITTINGTON PKWY  
City-State-Zip: LOUISVILLE KY 40222-5186

Title DIRECTOR, VP  
Name URBAN, CHRISTOPHER  
Address 805 N WHITTINGTON PKWY  
City-State-Zip: LOUISVILLE KY 40222-5186

Title PRESIDENT, TREASURER, MANAGER,  
DIRECTOR  
Name YOWLER, JENNIFER M.  
Address 805 N WHITTINGTON PKWY  
City-State-Zip: LOUISVILLE KY 40222-5186

*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:** JENNIFER M. YOWLER

**MANAGER**

**02/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date