

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001588

**Entity Name:** HEALTH CAROUSEL, LLC

**Current Principal Place of Business:**

3805 EDWARDS ROAD, SUITE 700  
CINCINNATI, OH 45209

**Current Mailing Address:**

3805 EDWARDS ROAD, SUITE 700  
ATTN: GENERAL COUNSEL  
CINCINNATI, OH 45209 US

**FEI Number:** 20-1601546

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 MGR  
Name DEVILLE, JOHN W  
Address 3805 EDWARDS ROAD, SUITE 700  
City-State-Zip: CINCINNATI OH 45209

Title MGR  
Name KENNEDY, LAWRENCE  
Address 3805 EDWARDS ROAD, SUITE 700  
City-State-Zip: CINCINNATI OH 45209

Title MGR  
Name NELSON, THEODORE  
Address 3805 EDWARDS ROAD, SUITE 700  
City-State-Zip: CINCINNATI OH 45209

Title AUTHORIZED REPRESENTATIVE  
Name KUKULSKI, JONATHAN D  
Address 3805 EDWARDS ROAD, SUITE 700  
City-State-Zip: CINCINNATI OH 45209

*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:** JONATHAN D. KUKULSKI

**AUTHORIZED PERSON**

**01/15/2020**

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

\_\_\_\_\_  
Date