

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003402

**Entity Name:** PERSONIFY HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

2100 COVINGTON CENTRE  
COVINGTON, LA 70433

**Current Mailing Address:**

2100 COVINGTON CENTRE  
COVINGTON, LA 70433 US

**FEI Number:** 72-0519951

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name CANOE TPA HOLDCO, LLC  
Address 621 SANTA FE AVE.  
City-State-Zip: FRESNO CA 93721

Title SECRETARY  
Name GEORGOUSES, THOMAS  
Address 2100 COVINGTON CENTRE  
City-State-Zip: COVINGTON LA 70433

*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:** THOMAS GEORGOUSES

**SECRETARY**

**03/13/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date