

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008874

Entity Name: SCITUM HEALTH ADVISORS, LLC**Current Principal Place of Business:**14750 N.W. 77TH COURT
SUITE 100
MIAMI LAKES, FL 33016**Current Mailing Address:**14750 N.W. 77TH COURT
SUITE 100
MIAMI LAKES, FL 33016 US**FEI Number:** 81-4236627**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 MANAGER
Name CLAREMEDICA HEALTH PARTNERS, LLC
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

Title CFO
Name ZUCKOFF, PETER
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

Title CHIEF DEVELOPMENT OFFICER
Name SEMENSOHN, MATTHEW
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

Title CEO
Name PALENZUELA, ROBERTO L
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

Title PRESIDENT, COO
Name GUETHON, JOSE A
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

Title CHIEF MARKETING OFFICER
Name PALOMBO, ALBERT
Address 14750 N.W. 77TH COURT SUITE 100
City-State-Zip: MIAMI LAKES FL 33016

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: PETER ZUCKOFF

CFO

06/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date