

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1700009319

**Entity Name:** HEALTH CAROUSEL TRAVEL NETWORK, LLC

**Current Principal Place of Business:**

4000 SMITH ROAD  
SUITE 500  
CINCINNATI, OH 45209

**Current Mailing Address:**

4000 SMITH ROAD  
SUITE 500  
CINCINNATI, OH 45209 US

**FEI Number:** 35-2601562

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	GENERAL COUNSEL	Title	MEMBER
Name	KUKULSKI, JONATHAN D.	Name	HEALTH CAROUSEL, LLC
Address	4000 SMITH RD SUITE 500	Address	4000 SMITH ROAD SUITE 500
City-State-Zip:	CINCINNATI OH 45209	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

**GENERAL COUNSEL**

**03/03/2023**

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

\_\_\_\_\_  
Date