

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000004331

Entity Name: CALIBER HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

4000 SMITH ROAD
SUITE 410
CINCINNATI, OH 45209

Current Mailing Address:

4000 SMITH ROAD
SUITE 410
CINCINNATI, OH 45209 US

FEI Number: 61-1945301

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 MEMBER
Name HEALTH CAROUSEL, LLC
Address 4000 SMITH ROAD,
SUITE 410
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

02/16/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date