

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000004590

**Entity Name:** ARIETIS HEALTH, LLC

**Current Principal Place of Business:**

13500 POWERS COURT  
SUITE 230  
FORT MYERS, FL 33912

**Current Mailing Address:**

13500 POWERS COURT  
SUITE 230  
FORT MYERS, FL 33912 US

**FEI Number:** 83-3408304

**Certificate of Status Desired:** No

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

CT 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	MGR	Title	MGR
Name	KOTWAL, ASHWINI	Name	MINKOVE, ERIC
Address	14850 QUORUM DRIVE, SUITE:440	Address	14850 QUORUM DRIVE, SUITE:440
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254

*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:** ERIC MINKOVE

**MANAGER**

**04/22/2021**

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

\_\_\_\_\_  
Date