

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000295

**Entity Name:** VERSALUS HEALTH, LLC

**Current Principal Place of Business:**

17 CAMPUS BLVD  
SUITE 200  
NEWTOWN SQUARE, PA 19073

**Current Mailing Address:**

17 CAMPUS BLVD  
SUITE 200  
NEWTOWN SQUARE, PA 19073 US

**FEI Number:** 81-2283735

**Certificate of Status Desired:** No

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

COGENCY GLOBAL  
115 NORTH CALHOUN STREET  
SUITE 4  
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           DIRECTOR, PRESIDENT  
Name           LEONARD, PATRICK  
Address        17 CAMPUS BLVD  
                  SUITE 200  
City-State-Zip: NEWTOWN SQUARE PA 19073

Title           CFO, SECRETARY  
Name           TUDOR, SCOTT  
Address        6509 WINDCREST DRIVE  
                  SUITE 165  
City-State-Zip: PLANO TX 75024

Title           MANAGER  
Name           CORROHEALTH, INC.  
Address        6509 WINDCREST DRIVE  
                  SUITE 165  
City-State-Zip: PLANO TX 75024

*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:** SCOTT TUDOR

**CFO, SECRETARY**

**04/21/2023**

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

\_\_\_\_\_  
Date