

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003415

**Entity Name:** INSPIRA FINANCIAL HEALTH, INC

**Current Principal Place of Business:**

11819 MIAMI ST.  
SUITE 200  
OMAHA, NE 68164

**Current Mailing Address:**

11819 MIAMI ST.  
SUITE 200  
OMAHA, NE 68164 US

**FEI Number:** 91-1774434

**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

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           LASZLO, DANIEL  
Address        11819 MIAMI ST.  
                  SUITE 200  
City-State-Zip: OMAHA NE 68164

Title           SECRETARY  
Name           PERUGINI, JOHN  
Address        11819 MIAMI ST.  
                  SUITE 200  
City-State-Zip: OMAHA NE 68164

Title           DIRECTOR  
Name           DISIMONE, MICHAEL  
Address        11819 MIAMI ST.  
                  SUITE 200  
City-State-Zip: OMAHA NE 68164

Title           DIRECTOR, TREASURER  
Name           CLARK, MURPHY  
Address        11819 MIAMI ST.  
                  SUITE 200  
City-State-Zip: OMAHA NE 68164

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL LASZLO

**PRESIDENT**

**03/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date