

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24000002849

Entity Name: JUNIPER HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

1919 S HIGHLAND AVENUE
SUITE B210
LOMBARD, IL 60148-6133

Current Mailing Address:

1919 S HIGHLAND AVENUE
SUITE B210
LOMBARD, IL 60148-6133 US

FEI Number: 93-4463522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Officer/Director Detail :

Title PRESIDENT
Name MOVVA, ARVIND
Address 1919 S HIGHLAND AVENUE
 SUITE B210
City-State-Zip: LOMBARD IL 60148-6133

Title TREASURER/CFO
Name MOVVA, ARVIND
Address 1919 S HIGHLAND AVENUE
 SUITE B210
City-State-Zip: LOMBARD IL 60148-6133

Title SECRETARY
Name MOVVA, ARVIND
Address 1919 S HIGHLAND AVENUE
 SUITE B210
City-State-Zip: LOMBARD IL 60148-6133

Title DIRECTOR
Name MOVVA, ARVIND
Address 1919 S HIGHLAND AVENUE
 SUITE B210
City-State-Zip: LOMBARD IL 60148-6133

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: ARVIND MOVVA

PRESIDENT

03/14/2025

Electronic Signature of Signing Officer/Director Detail

Date