

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001158

**Entity Name:** HEALTH CARE EXECUTIVE GROUP, INC.

**Current Principal Place of Business:**

18501 PINES BLVD  
304  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18501 PINES BLVD  
304  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 47-3566566

**Certificate of Status Desired:** No

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

BRYTEBOX CONSULTING LLC  
18501 PINES BLVD  
304  
PEMBROKE PINES, FL 33029 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 C  
Name TAYLOR, FERRIS  
Address 602 DRAPER HEIGHTS WAY  
City-State-Zip: DRAPER UT 84020

Title T  
Name SINCLAIE, KIM  
Address TWO COPLEY PLACE - STE. 600  
City-State-Zip: BOSTON MA 02116

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAYLOR FERRIS

MGR

01/23/2017

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

\_\_\_\_\_  
Date