# SIGNATURE: TAYLOR FERRIS

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

Entity Name: HEALTH CARE EXECUTIVE GROUP, INC. **Current Principal Place of Business:** 

18459 PINES BLVD SUITE 525 PEMBROKE PINES, FL 33029

DOCUMENT# N15000001158

# **Current Mailing Address:**

18459 PINES BLVD SUITE 525 PEMBROKE PINES, FL 33029 US

# FEI Number: 47-3566566

## Name and Address of Current Registered Agent:

BRYTEBOX CONSULTING LLC 18038 SW 30TH COURT 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:

Officer/Director Detail :			
Title	C	Title	т
Name	TAYLOR, FERRIS	Name	SINCLAIE, KIM
Address	602 DRAPER HEIGHTS WAY	Address	TWO COPLEY PLACE - STE. 600
City-State-Zip:	DRAPER UT 84020	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

Electronic Signature of Registered Agent

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

01/28/2019 Date

Date