

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055665

Entity Name: L3 HEALTHCARE DESIGN INC.

Current Principal Place of Business:

222 S WESTMONTE DR, STE 208
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

222 S WESTMONTE DR, STE 208
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-0050547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTER, GARTH L
222 S WESTMONTE DR, STE 208
ALTAMONTE SPRINGS, FL 32714 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 CEO
Name CHESTER, GARTH L
Address 222 S WESTMONTE DR, STE 208
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title COO
Name MECKSTROTH, DAVID K
Address 222 S WESTMONTE DR, STE 208
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name CHESTER, MADELINE
Address 222 S WESTMONTE DR, STE 208
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name LOZANOVSKI, ZORAN
Address 222 S WESTMONTE DR, STE 208
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MAELEE, FOSTER
Address 222 S WESTMONTE DR, STE 208
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: GARTH CHESTER

PRESIDENT

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date