

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055665

**Entity Name:** L3 HEALTHCARE DESIGN INC.

**Current Principal Place of Business:**

222 S WESTMONTE DRIVE SUITE 208  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1006 TERRY DR  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 20-0050547

**Certificate of Status Desired:** No

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

CHESTER, GARTH L  
1006 TERRY DR  
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, PRESIDENT, DIRECTOR  
Name CHESTER, GARTH L  
Address 1006 TERRY DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title COO, DIRECTOR, VP  
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, VP  
Name LOZANOVSKI, ZORAN  
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 LEE CHESTER

CEO

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date