

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055665

Entity Name: L3 HEALTHCARE DESIGN INC.

Current Principal Place of Business:

NONE
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, DIRECTOR
Name CHESTER, GARTH L
Address 1006 TERRY DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title SENIOR VP FOR ARCHITECTURE
Name WHITE, TONY R
Address 1006 TERRY DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name MICHAEL, RICHMOND
Address NONE
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

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date