


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91255 024 \*\*\*158.75

DOCUMENT # P03000055665			
1. Entity Name L3 HEALTHCARE DESIGN INC.			
Principal Place of Business 1006 TERRY DRIVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 1006 TERRY DRIVE ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 375 Douglas Ave.		3. Mailing Address 375 Douglas Ave.	
Suite, Apt. #, etc. Suite 2009		Suite, Apt. #, etc. Suite 2009	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714	Country Seminole	Zip 32714	Country Seminole
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000		7. Name and Address of New Registered Agent Name William J. Fuller, Jr. Esquire Street Address (P.O. Box Number is Not Acceptable) 532 Majestic Oaks Drive City Apopka FL Zip Code 32712	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>W. J. Fuller</i> DATE: April 20, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESTER, GARTH <input type="checkbox"/> Delete 1006 TERRY DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cynthia L. Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2614 Lancaster Ct. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MECKSTROTH, DAVID <input type="checkbox"/> Delete 994 PAPAYA LANE WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Blair, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 825 Jeffercoat St. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Garth Lee Chester</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: April 20, 2004 Daytime Phone #: 407-865-6160	



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04012004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0050547 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required