

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055665

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: L3 HEALTHCARE DESIGN INC.

## Current Principal Place of Business:

375 DOUGLAS AVE., STE 2009  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

375 DOUGLAS AVE., STE 2009  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 20-0050547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULLER, WILLIAM J JR  
532 MAJESTIC OAKS DRIVE  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

CHESTER, GARTH L  
375 DOUGLAS AVE., STE 2009  
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: GARTH CHESTER

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: THOMAS, CYNTHIA L  
Address: 2614 LANCASTER CT.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: BLAIR, STEPHEN JR  
Address: 825 JEFFCOAT ST.  
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete  
Name: CHESTER, GARTH  
Address: 1006 TERRY DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete  
Name: MECKSTROTH, DAVID  
Address: 994 PAPAYA LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: THOMAS, CYNTHIA L  
Address: 122 OLIVE TREE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARTH CHESTER

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date