

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055665

FILED
Mar 06, 2006
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:

CHESTER, GARTH L
375 DOUGLAS AVE., STE 2009
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: CYNTHIA THOMAS

D

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date