2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055665

Entity Name: L3 HEALTHCARE DESIGN INC.

FILED Feb 17, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

222 S WESTMONTE DR, STE 208 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

222 S WESTMONTE DR, STE 208 ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-0050547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHESTER, GARTH L 222 S WESTMONTE DR, STE 208 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEC

Name: CHESTER, GARTH L

Address: 222 S WESTMONTE DR, STE 208 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: COO

Name: MECKSTROTH, DAVID K

Address: 222 S WESTMONTE DR, STE 208 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S

Name: THOMAS, CYNTHIA L

Address: 222 S WESTMONTE DR, STE 208 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: CHESTER, MADELINE

Address: 222 S WESTMONTE DR, STE 208 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: LOZANOVSKI, ZORAN

Address: 222 S WESTMONTE DR, STE 208 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D

Name: VAN HORN, PATRICK

Address: 222 S WESTMONTE DR, STE 208 City-St-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 CHESTER CEO 02/17/2010

P63000055665 2-17-10

From: Cindy Thomas [mailto:clthomas@cfl.rr.com] Sent: Wednesday, February 17, 2010 12:19 PM

To: corphelp

Subject: Add additional directors to our annual report

Can you please add two directors to our annual report?

	-	 		
		 	-	

#7

D

FULLER, WILLIAM DR. 222 S WESTMONTE DR STE 208 **ALTAMONTE SPRINGS, FL 32714**

#8

D

FOSTER, MAELEE 222 S WESTMONTE DR STE 208 **ALTAMONTE SPRINGS, FL 32714**

Cindy Thomas

L3 Healthcare Design 222 S. Westmonte Dr., Suite 208 Altamonte Springs, FL 32714 Tel 407-865-6160 Fax 407-865-6914 Toll Free 1-866-929-5353 www.l3asc.com