

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000026802

**Entity Name:** HEALTH LINK SYSTEMS, INC.

**Current Principal Place of Business:**

C/O PARKER  
3150 WILLOW LANE  
WESTON, FL 33331

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**2323063387CC**

**Current Mailing Address:**

C/O PARKER  
3150 WILLOW LANE  
WESTON, FL 33331 US

**FEI Number: 27-0050797**

**Certificate of Status Desired: No**

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

PARKER, ROBERTA  
3150 WILLOW LANE  
WESTON, FL 33331 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 P  
Name FRISCH, SIMON RROBERTA  
Address 2683 RIVIERA CT.  
City-State-Zip: WESTON FL 33332

Title V  
Name WACHTER, JULIA PARKER RROBERTA  
Address 225 EAST 34TH STREET, APT. 18B  
City-State-Zip: NEW YORK CITY NY 10016

Title S  
Name FRISCH, MICHELLE RROBERTA  
Address 2683 RIVIERA CT.  
City-State-Zip: WESTON FL 33332

Title T  
Name PARKER, ROBERTA RROBERTA  
Address 3150 WILLOW LANE  
City-State-Zip: WESTON FL 33331

Title D  
Name PARKER, HARVEY RROBERTA  
Address 3150 WILLOW LANE  
City-State-Zip: WESTON FL 33331

*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: ROBERTA PARKER**

**TREASURER**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date