

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026802

Entity Name: HEALTH LINK SYSTEMS, INC.

Current Principal Place of Business:

300 NW 70TH AVE., #102
102
PLANTATION, FL 33317

Current Mailing Address:

300 NW 70TH AVE., #102
102
PLANTATION, FL 33317

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 3816 W HIBISCUS
City-State-Zip: WESTON FL 33332

Title V
Name WACHTER, JULIA PARKER
Address 225 EAST 34TH STREET, APT. 6J
City-State-Zip: NEW YORK CITY FL 10016

Title S
Name FRISCH, MICHELLE RROBERTA
Address 3816 W HIBISCUS
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

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date