

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000045992

Entity Name: LEVERAGE HEALTH III, INC.

Current Principal Place of Business:

2655 E. OAKLAND PARK BOULEVARD
SUITE 5
FT. LAUDERDALE, FL 33306

Current Mailing Address:

2655 E. OAKLAND PARK BOULEVARD
SUITE 5
FT. LAUDERDALE, FL 33306 US

FEI Number: 86-3987890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, MATEO J
2655 E. OAKLAND PARK BOULEVARD
SUITE 5
FT. LAUDERDALE, FL 33306 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 DIR.
Name MARTINEZ, MATEO J
Address 2655 E. OAKLAND PARK BOULEVARD,
 SUITE 5
City-State-Zip: FT. LAUDERDALE FL 33306

Title PRES
Name MARTINEZ, MATEO J
Address 2655 E. OAKLAND PARK BOULEVARD,
 SUITE 5
City-State-Zip: FT. LAUDERDALE FL 33306

Title SEC.
Name MARTINEZ, MATEO J
Address 2655 E. OAKLAND PARK BOULEVARD,
 SUITE 5
City-State-Zip: FT. LAUDERDALE FL 33306

Title TREA
Name MARTINEZ, MATEO J
Address 2655 E. OAKLAND PARK BOULEVARD
 SUITE 5,
City-State-Zip: FT. LAUDERDALE FL 33306

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: MATEO MARTINEZ

PRESIDENT

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date