

**2024 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**

**04/26/2024**

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

\_\_\_\_\_  
Date