2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2018
Secretary of State
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Entity Name: NEXXSPAN HEALTHCARE, LLC

Current Principal Place of Business:

270 SCIENTIFIC DR
STE 14
NORCROSS, GA 30092

Current Mailing Address:

270 SCIENTIFIC DR
STE 14
NORCROSS, GA 30092 US

FEI Number: 59-3671176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANK J. GRECO, P.A.
708 S CHURCH AVE
TAMPA, FL 33609 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

Authorized Person(s) Detail :

Title	MANAGING PARTNER
Name	LIFESPAN HEALTHCARE TECHNOLOGIES, CORP.
Address	6089 SANDHILL RIDGE
City-State-Zip:	LITHIA FL 33547

Title	MANAGING PARTNER
Name	LIFESPAN DESIGN, INC
Address	1850 COTILLION DRIVE #3411
City-State-Zip:	ATLANTA GA 30038

Title	MANAGING PARTNER
Name	J.B. KURISH & ASSOCIATES
Address	4335 PEMBERTON COVE
City-State-Zip:	JOHNS CREEK GA 30022

Title	MANAGING PARTNER
Name	ASK RESEARCH & DEVELOPMENT
Address	4540 SOUTH BERKLEY LAKE RD.
City-State-Zip:	NORCROSS GA 30071

Title	MANAGING PARTNER
Name	ABCD, LLC
Address	29 WHEELER RD
City-State-Zip:	MARSTONS MILLS MA 02648

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH RIVERS CURRY VP OF OPERATIONS 02/05/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date