

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011374

Entity Name: NEXXSPAN HEALTHCARE, LLC**Current Principal Place of Business:**270 SCIENTIFIC DR
STE 14
PEACHTREE CORNERS, GA 30092**Current Mailing Address:**270 SCIENTIFIC DR
STE 14
PEACHTREE CORNERS, GA 30092 US**FEI Number:** 59-3671176**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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: ASK RESEARCH & DEVELOPMENT

MANAGING PARTNER

01/12/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date