

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011374

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 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

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

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 OPERATIONS

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date