

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023074

**Entity Name:** NETCONNECT HEALTHCARE SYSTEMS, LLC

**Current Principal Place of Business:**

146 2ND ST. N  
#304  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

204 37TH AVE N #101  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 20-4571256

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENNER, CHERYL A  
211 20TH AVE N  
ST. PETERSBURG, FL 33704 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:** CHERYL A. JENNER

03/05/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGMR	Title	VP
Name	JENNER, CHERYL AP	Name	JENNER, GEORDIE
Address	211 20TH AVE N	Address	211 20TH AVE N
City-State-Zip:	ST. PETERSBURG FL 33704	City-State-Zip:	ST. PETERSBURG FL 33704

*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:** CHERYL JENNER

MGMR

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date