

2017 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

02/19/2017

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 A JENNER

MGMR

02/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date