

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023074

Entity Name: NETCONNECT HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

211 20TH AVE N
ST. PETERSBURG, FL 33704

Current Mailing Address:

211 20TH AVE N
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title VP
Name JENNER, GEORDIE
Address 211 20TH AVE N
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

04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date