

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000000024

Entity Name: HEALTH E SCAPE LLC

Current Principal Place of Business:

1902 E CROSS STREET
PLANT CITY, FL 33563

Current Mailing Address:

1902 E CROSS STREET
PLANT CITY, FL 33563 US

FEI Number: 47-2670432

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400-100
FORT MYERS, FL 33907 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	AMBR	Title	AMBR
Name	MORTON, JAY	Name	MORRIS, DAVID
Address	PO BOX 4835	Address	2533 GOTHAM WAY
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	VALRICO FL 33596

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: DAVID MORRIS

AMBR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date