

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000191085

**Entity Name:** HEALTH TESTING CENTERS, LLC

**Current Principal Place of Business:**

3115 NW 10TH TERRACE  
SUITE 113  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3115 NW 10TH TERRACE  
SUITE 113  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 81-4204065

**Certificate of Status Desired:** No

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

HAMAWAY, MICHAEL P ESQ  
MOMBACH BOYLE HARDIN SIMMONS, P.A.  
100 NE THRID AVE STE 1000  
FORT LAUDERDALE, FL 33301 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  
Name            LOVELY, DAVID  
Address        1538 NE 17TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            AMBR  
Name            KLOSS, KEITH  
Address        1538 NE 17TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33304

*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 LOVELY

**PRESIDENT**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date