

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038959

**Entity Name:** HEALTHTECH SYSTEMS, LLC**Current Principal Place of Business:**100 E PINE ST  
STE 110  
ORLANDO, FL 32801**Current Mailing Address:**100 E PINE ST SUITE 110  
ORLANDO, FL 32801 US**FEI Number:** 82-4444978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUREY, JOHN-PAUL  
100 E PINE ST SUITE 110  
ORLANDO, FL 32801 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	FUREY, JOHN-PAUL
Address	104 S LAWSONA BLVD
City-State-Zip:	ORLANDO FL 32801

Title	AMBR
Name	MORO, BRAXTON
Address	150 E ROBINSON ST
City-State-Zip:	ORLANDO FL 32801

Title	AUTHORIZED MEMBER, DIRECTOR
Name	FUREY, PAUL
Address	2617 SUMMERFIELD RD
City-State-Zip:	ORLANDO FL 32792

Title	MANAGING PARTNER
Name	DALHOFF, DANIEL
Address	1780 WELHAM ST 1-243
City-State-Zip:	ORLANDO FL 32814

*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:** JOHN PAUL FUREY**MAJORITY OWNER****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date