

**2020 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	Title	AMBR
Name	FUREY, JOHN-PAUL	Name	MORO, BRAXTON
Address	104 S LAWSONA BLVD	Address	150 E ROBINSON ST
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

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

*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

**OWNER/OPERATOR**

**03/05/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date