

2023 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, CEO, CHAIRMAN
Name	FUREY, JOHN-PAUL
Address	100 E PINE ST STE 110
City-State-Zip:	ORLANDO FL 32801

Title	AUTHORIZED REPRESENTATIVE
Name	MORO, BRAXTON
Address	100 E PINE ST STE 110
City-State-Zip:	ORLANDO FL 32801

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

Title	AUTHORIZED MEMBER
Name	GEORGE, CHRISTOPHER
Address	100 E PINE ST STE 110
City-State-Zip:	ORLANDO FL 32801

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****04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date