DOCUMENT# M13000007712

Entity Name: FORESIGHT MEDICAL, LLC

#### **Current Principal Place of Business:**

1408 WESTSHORE BLVD. SUITE 1010 TAMPA, FL 33607

## **Current Mailing Address:**

1408 WESTSHORE BLVD. SUITE 1010 TAMPA, FL 33607

### FEI Number: 46-2715878

### Name and Address of Current Registered Agent:

ELLIOTT, WILLIAM H 1408 WESTSHORE BLVD. SUITE 1010 TAMPA, FL 33607 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		
Authorized Person(s) Detail :			
Title	MGR	Title	COO & TREASURER
Name	SALENTINE, THOMAS J JR.	Name	ELLIOTT, WILLIAM H
Address	8909 PURDUE ROAD	Address	1408 WESTSHORE BLVD. SUITE 1010
City-State-Zip:	INDIANAPOLIS IN 46268	0.110 010 10 7.10	
		City-State-Zip:	TAMPA FL 33607

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: WILLIAM ELLIOTT

CHIEF OF OPERATIONS 05/16/2018

Certificate of Status Desired: No

Date

Date