

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SALENTINE, THOMAS J JR.  
Address 8909 PURDUE ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

Title COO & TREASURER  
Name ELLIOTT, WILLIAM H  
Address 1408 WESTSHORE BLVD.  
SUITE 1010  
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

COO

07/07/2017

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

\_\_\_\_\_  
Date