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.

CAO

SIGNATURE: WILLIAM ELLIOTT

Electronic Signature of Signing Authorized Person(s) Detail

FILED
Apr 12, 2019
Secretary of State

8852708912CC

Certificate of Status Desired: No

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:

SUITE 1010

ELLIOTT, WILLIAM H 1408 WESTSHORE BLVD.

TAMPA, FL 33607 US

DOCUMENT# M13000007712

1408 WESTSHORE BLVD.

Current Mailing Address: 1408 WESTSHORE BLVD.

FEI Number: 46-2715878

SUITE 1010 TAMPA, FL 33607

SUITE 1010 TAMPA, FL 33607

Entity Name: FORESIGHT MEDICAL, LLC

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Current Principal Place of Business:

Authorized Person(s) Detail :				
Title	CEO	Title	CAO	
Name	HANNIGAN, KENNETH	Name	ELLIOTT, WILLIAM H	
Address	1408 N WESTSHORE BLVD SUITE 1010	Address	1408 WESTSHORE BLVD. SUITE 1010	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Date

04/12/2019 Date