

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001032

**Entity Name:** LIFESYNC CORPORATION

**Current Principal Place of Business:**

3350 N.W. 53RD STREET  
SUITE 105  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3350 N.W. 53RD STREET  
SUITE 105  
FORT LAUDERDALE, FL 33309

**FEI Number:** 65-1079987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, KIM A  
3350 N.W. 53RD STREET  
SUITE 105  
FORT LAUDERDALE, FL 33309 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

**Officer/Director Detail :**

Title            CEO  
Name            DAVIS, KIM A  
Address        3350 N.W. 53RD STREET, SUITE 105  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            CONTROLLER  
Name            WUNSCH, ZACHARY  
Address        3350 N.W. 53RD STREET, SUITE 105  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            D  
Name            ANDERSON, BRIAN  
Address        5550 W EXECUTIVE DRIVE  
                 SUITE 230  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            THOMPSON, JEFF  
Address        5550 W EXECUTIVE DRIVE  
                 SUITE 230  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            JOHNSON, B. KRISTINE  
Address        901 MARQUETTE AVENUE, SUITE  
                 2820  
City-State-Zip: MINNEAPOLIS MN 55402

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZACHARY WUNSCH

**CONTROLLER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date