

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002673

**Entity Name:** WESTPORT HEALTHCARE MANAGEMENT, INC.

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC0652989143**

**Current Principal Place of Business:**

1725 MC GOVERN STREET  
#201  
HIGHLAND PARK, IL 60035

**Current Mailing Address:**

1725 MC GOVERN STREET  
#201  
HIGHLAND PARK, IL 60035 US

**FEI Number: 43-1642106**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	PD	Title	PD
Name	WITTMAN, SCOTT	Name	COHEN, ANDREW
Address	1725 MC GOVERN AVENUE #201	Address	1550 SOUTH COAST HWY #204
City-State-Zip:	HIGHLAND PARK IL 60035	City-State-Zip:	LAGUNA BEACH CA 92651

*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: SCOTT WITTMAN**

**DIRECTOR**

**02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date