

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002673

Entity Name: WESTPORT HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

900 NORTH SHORE DRIVE
SUITE 270
LAKE BLUFF, IL 60044

Current Mailing Address:

900 NORTH SHORE DRIVE
SUITE 270
LAKE BLUFF, IL 60044 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
Name WITTMAN, SCOTT
Address 900 NORTH SHORE DRIVE
SUITE 270
City-State-Zip: LAKE BLUFF IL 60044

Title PD
Name COHEN, ANDREW
Address 1550 SOUTH COAST HWY #204
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

PRESIDENT

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date