

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000056142

Entity Name: HEALTHEEDGE/LIFESYNC, LLC

Current Principal Place of Business:

5550 W EXECUTIVE DRIVE
SUITE 230
TAMPA, FL 33609

Current Mailing Address:

5550 W EXECUTIVE DRIVE
SUITE 230
TAMPA, FL 33609 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBA, RUSSELL TESQUIRE
101 SOUTH FRANKLIN STREET
SUITE 202
TAMPA, FL 33602 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 ANDERSON, BRIAN
Address 5550 W EXECUTIVE DRIVE
SUITE 230
City-State-Zip: TAMPA FL 33609

Title MGR
Name DINGLE, PHILIP
Address 5550 W EXECUTIVE DRIVE
SUITE 230
City-State-Zip: TAMPA FL 33609

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

Title MGR
Name LEE, SCOTT
Address 5550 W EXECUTIVE DRIVE
SUITE 230
City-State-Zip: TAMPA FL 33609

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: BRIAN W. ANDERSON

MANAGER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date