

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067281

**Entity Name:** LIFESTREAM HEALTH LLC

**Current Principal Place of Business:**

9857 BAYWINDS DR.  
#9303  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

LIFESTREAM HEALTH LLC  
PO BOX 212877  
WEST PALM BEACH, FL 33421 US

**FEI Number:** 82-0995493

**Certificate of Status Desired:** No

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

GARVEY, MICHAEL G JR  
9857 BAYWINDS DR.  
#9303  
WEST PALM BEACH, FL 33411 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 AR  
Name GARVEY, MICHAEL G JR  
Address 9857 BAYWINDS DR.  
#9303  
City-State-Zip: WEST PALM BEACH FL 33411

Title AR  
Name GARVEY, MICHAEL G SR  
Address 9857 BAYWINDS DR.  
#9303  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** MICHAEL GARVEY SR

**MANAGER**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date