

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005477

Entity Name: DOS HEALTH SERVICES, INC.**Current Principal Place of Business:**7735 NW 146TH ST, STE 204
MIAMI LAKES, FL 33016**Current Mailing Address:**7735 NW 146TH ST, STE 204
MIAMI LAKES, FL 33016 US**FEI Number:** 20-0059297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHLESINGER LAW GROUP C/O MICHAEL SCHLESINGER
1200 BRICKELL AVENUE
SUITE 1270
MIAMI, FL 33131 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:** C/O MICHAEL SCHLESINGER

04/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HERNANDO, JORGE A
Address 300 - 71ST ST.
City-State-Zip: MIAMI BCH FL 33141

Title D
Name HERNANDO, EDUARDO R
Address 300 - 71ST ST.
City-State-Zip: MIAMI BCH FL 33141

Title D
Name ANTONACCI, NICOLAS C
Address 300 - 71ST ST.
City-State-Zip: MIAMI BCH FL 33141

Title D
Name ANDRADE, CARLOS
Address 300 - 71ST ST.
City-State-Zip: MIAMI BCH FL 33141

Title D
Name RUSTAN, PETER
Address 300 - 71ST ST.
City-State-Zip: MIAMI BCH FL 33141

Title D
Name HERNANDO, JORGE R
Address 300 - 71ST ST., STE. 410
City-State-Zip: MIAMI BCH FL 33141

Title DIRECTOR
Name SCHLESINGER, MICHAEL
Address 1200 BRICKELL AVENUE
SUITE 1270
City-State-Zip: MIAMI FL 33131

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SCHLESINGER

DIRECTOR

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date