

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005477

**Entity Name:** DOS HEALTH SERVICES, INC.

**Current Principal Place of Business:**

300 - 71ST STREET.  
STE, 410  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

300 - 71ST STREET.  
STE, 410  
MIAMI BEACH, FL 33141

**FEI Number:** 20-0059297

**Certificate of Status Desired:** No

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

MICHAEL J. SCHILESINGER, P.A.  
800 BRICKELL AVENUE  
1400  
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:**

\_\_\_\_\_  
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

*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:** JORGE A HERNANDO

D

04/30/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date