# 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: RAMIRO E DEL AMO

Electronic Signature of Signing Officer/Director Detail

Date

### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0800006139

#### Entity Name: MIAMI COMPREHENSIVE TEAM APPROACH, INC.

#### **Current Principal Place of Business:**

299 ALHAMBRA CIRCLE STE 211 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

299 ALHAMBRA CIRCLE STE 211 CORAL GABLES, FL 33134 US

#### FEI Number: NOT APPLICABLE

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

CARLOS DEL AMO, P.A. 3211 PONCE DE LEON BOULEVARD 200 CORAL GABLES, FL 33134 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

#### Officer/Director Detail :

Title	Ρ	Title	VP
Name	MELLADO, JOSE DMD,MS	Name	DEL AMO, RAMIRO EDMD
Address	299 ALHAMBRA CIRCLE STE 211	Address	299 ALHAMBRA CIRCLE STE 211
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

# FILED Jun 16, 2020 Secretary of State 6199270953CC

Certificate of Status Desired: No

06/16/2020