

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012109

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7671610501**

**Entity Name:** PROFESSIONAL HEALTHED BROKERS, INC

**Current Principal Place of Business:**

% ROLANDO SANCHEZ  
169 E FLAGLER STREET, SUITE 800  
MIAMI, FL 33131-1296

**Current Mailing Address:**

% ROLANDO SANCHEZ  
169 E FLAGLER STREET, SUITE 800  
MIAMI, FL 33131-1296

**FEI Number:** 27-1552584

**Certificate of Status Desired:** No

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

SANCHEZ, ROLANDO  
169 E FLAGLER STREET  
SUITE 800  
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 PD  
Name SANCHEZ, ROLANDO  
Address 169 E FLAGLER STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title SD  
Name SANCHEZ, ALEXIS  
Address 169 E FLAGLER STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title TD  
Name SANCHEZ, DANIEL  
Address 169 E FLAGLER STREET, SUITE 800  
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:** ROLANDO SANCHEZ

**PRES**

**01/09/2015**

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

\_\_\_\_\_  
Date