

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

DOCUMENT# N10000009836

**Entity Name:** ALL FLORIDA HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

700 S.W. 8 STREET  
MIAMI, FL 33130

**Current Mailing Address:**

700 S.W. 8 STREET  
MIAMI, FL 33130

**FEI Number:** 27-3732309

**Certificate of Status Desired:** Yes

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

O'DONNELL, NANETTE ESQ.  
DUANE MORRIS LLP  
200 S. BISCAYNE BLVD, STE 3400  
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 P/D  
Name DORRBECKER, RAMON P  
Address 700 SW 8 STREET  
City-State-Zip: MIAMI FL 33130

Title S/D  
Name GARCIA, JOSE M  
Address 700 SW 8 STREET  
City-State-Zip: MIAMI FL 33130

Title D  
Name DE CARDENAS, GONZALO  
Address 700 SW 8 STREET  
City-State-Zip: MIAMI FL 33130

Title T/D  
Name IGLESIAS, RAFAEL  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

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:** RAMON PEREZ-DORRBECKER

P/D

01/25/2016

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

\_\_\_\_\_  
Date