

2015 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 P. DORRBECKER

P/D

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date