

2017 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

PD

01/09/2017

Electronic Signature of Signing Officer/Director Detail_____
Date