

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

DOCUMENT# N13000005759

**Entity Name:** SOUTH FLORIDA PREVENTATIVE CARE INITIATIVE, INC.

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD., SUITE 2500  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BLVD., SUITE 2500  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SILVA, MICHAEL A  
200 S. BISCAYNE BLVD., SUITE 2500  
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 ZARZUR, RICARDO  
Address 200 S. BISCAYNE BLVD., SUITE 2500  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name ZARZUR, ROBERTO  
Address 200 S. BISCAYNE BLVD., SUITE 2500  
City-State-Zip: MIAMI FL 33131

Title SD  
Name THOMAZ DE ALMEIDA, ANA PAULA  
Address 200 S. BISCAYNE BLVD., SUITE 2500  
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:** RICARDO ZARZUR

**PRESIDENT**

**03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date