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: ARSHAD ALI MOHAMMED

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

19533 NW 57TH AVENUE MIAMI GARDENS, FL 33055 US

FEI Number: 92-1114742

Name and Address of Current Registered Agent:

MOHAMMED, ARSHAD ALI 19533 NW 57TH AVENUE MIAMI GARDENS, FL 33055 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

Officer/Director Detail :

Title	EXDI	Title	ADT
Name	MOHAMMED, ARSHAD ALI	Name	FATIMA, MARYAAM
Address	19533 NW 57TH AVENUE	Address	19533 NW 57TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055
Title	DS		
Title Name	DS GONZALEZ, ANA MARIA		
	-		

FILED Mar 04, 2024 Secretary of State 8496676116CC

Certificate of Status Desired: No

03/04/2024

Date

OWNER

Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000012654

Entity Name: BENEVOLENCE MEDICAL SERVICES, INC.

Current Principal Place of Business:

19533 NW 57TH AVENUE MIAMI GARDENS, FL 33055