**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2017**
**Secretary of State**
**CC0917872973**

DOCUMENT# M59036

**Entity Name:** THE BISCAYNE INSTITUTES FOR HEALTH AND LIVING, INC.

**Current Principal Place of Business:**

101 NORTH OCEAN DRIVE
SUITE 252
HOLLHWOOD, FL 33109

**Current Mailing Address:**

101 NORTH OCEAN DRIVE
SUITE 252
HOLLYWOOD, FL 33109 US

**FEI Number: 65-0003906**

**Certificate of Status Desired:** No

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

GELLER, JOSEPH
100 WEST CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309 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 | PSTD |
| Name | BIHL |
| Address | 2785 NE 183RD STREET<br>SUITE 100 |
| City-State-Zip: | AVENTURA FL 33160 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MARIE A. DICOWDEN PRESIDENT 04/30/2017

Electronic Signature of Signing Officer/Director Detail — Date