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: SERGIO ROIG

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

10/24/2018

MIAMI, FL 33174 **Current Mailing Address:**

2018 FLORIDA PROFIT CORPORATION REINSTATEMENT

PO BOX 442552 MIAMI, FL 33144 US

9600 SW 8 ST.

17

DOCUMENT# P08000089468

Entity Name: ACL MEDICAL CENTER INC

Current Principal Place of Business:

FEI Number: 26-3467770

Name and Address of Current Registered Agent:

ROIG, SERGIO 9600 SW 8 ST. 17 MIAMI, FL 33172 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: SERGIO ROIG

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Ρ ROIG, SERGIO Name 9600 SW 8 ST. SUITE 17 Address City-State-Zip: MIAMI FL 33174

FILED Oct 24, 2018 Secretary of State CR8006197180

10/24/2018 Date

Certificate of Status Desired: No

Date