## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067392

Entity Name: SIMPLY HEALTHCARE HOLDINGS, INC.

Jan 24, 2013 **Secretary of State** CC3406763748

**FILED** 

## **Current Principal Place of Business:**

1701 PONCE DE LEON BLVD.

SUITE 300

CORAL GABLES, FL 33134

## **Current Mailing Address:**

1701 PONCE DE LEON BLVD SUITE 300 CORAL GABLES, FL 33134

FEI Number: 27-0757414 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS **ROAD # 221E** PALM BEACH GARDENS, FL 33410 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 Title D

JIMENEZ, PETER L Name FERNANDEZ, MIGUEL B Name

121 ALHAMBRA PLAZA SUITE 1100 1701 PONCE DE LEON BLVD SUITE Address Address

City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33134

Title **VPS** 

Title **PVPT** RICO, JORGE L Name

Name CABRERA, MARCIO C Address 121 ALHAMBRA PLAZA SUITE 1100

1701 PONCE DE LEON BLVD SUITE Address

City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33134

D Title

Title D Name MEDEL, ROGER

ALVAREZ, CESAR Name Address 1701 PONCE DE LEON BLVD SUITE

1701 PONCE DE LEON BLVD SUITE Address CORAL GABLES FL 33134 City-State-Zip:

City-State-Zip: CORAL GABLES FL 33134 Date

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.