

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092628

**Entity Name:** GP HEALTH, INC.

**Current Principal Place of Business:**

6150 SUNSET DR.  
SUITE # 200  
MIAMI, FL 33143

**Current Mailing Address:**

6150 SUNSET DR.  
SUITE # 200  
MIAMI, FL 33143 US

**FEI Number:** 27-1299268

**Certificate of Status Desired:** Yes

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

GONZALEZ, SANDINO  
6150 SUNSET DR.  
SUITE # 200  
MIAMI, FL 33143 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 DPT  
Name GONZALEZ, SANDINO  
Address 6150 SUNSET DR  
SUITE # 200  
City-State-Zip: MIAMI FL 33143

Title DVPS  
Name PEREZ, GILLY  
Address 6150 SUNSET DR  
SUITE # 200  
City-State-Zip: MIAMI FL 33143

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:** SANDINO GONZALEZ

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date