

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000043078

**Entity Name:** CATALYST HEALTHCARE, INC.

**Current Principal Place of Business:**

450 ALTON ROAD UNIT 2806  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

450 ALTON ROAD UNIT 2806  
MIAMI BEACH, FL 33139 US

**FEI Number:** 45-5230894

**Certificate of Status Desired:** No

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

FOLK, SHAWN  
450 ALTON ROAD  
UNIT 2806  
MIAMI BEACH, FL 33139 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 P, S, T  
Name FOLK, SHAWN  
Address 450 ALTON ROAD UNIT 2806  
City-State-Zip: MIAMI BEACH FL 33139

*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: SHAWN FOLK

PRESIDENT

04/21/2016

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

\_\_\_\_\_  
Date