

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