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: LABISSIERE, JEAN CLAUDE

Electronic Signature of Signing Officer/Director Detail

<u>2018</u>	FLORIDA PROFI	T CORPORATION	NANNUAL REPORT

DOCUMENT# P12000066781

Entity Name: MIL-LAKE MEDICAL TWO, PA

Current Principal Place of Business:

555 N CONGRESS AVENUE 206 BOYNTON BEACH, FL 33426

Current Mailing Address:

555 N CONGRESS AVENUE 206 BOYNTON BEACH, FL 33426 US

FEI Number: 46-0705872

Name and Address of Current Registered Agent:

PIERRE, JEAN SALOMON O 555 N CONGRESS AVENUE 206 BOYNTON BEACH, FL 33426 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	0	Title	0	
Name	PIERRE, JEAN SALOMON	Name	LABISSIERE, JEAN CLAUDE	
Address	555 N CONGRESS AVENUE 206	Address	555 N CONGRESS AVENUE 206	
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426	

Secretary of State CC7430861895

FILED

Apr 30, 2018

Certificate of Status Desired: No

04/30/2018

Date

MD