

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000035388

**Entity Name:** 360 HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

400 UNIVERSITY DRIVE, SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 141967  
CORAL GABLES, FL 33114 US

**FEI Number:** 46-2782321

**Certificate of Status Desired:** Yes

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

EBNER, URS  
400 UNIVERSITY DRIVE, SUITE 400  
CORAL GABLES, FL 33134 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:** URS EBNER

09/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            EBNER, URS  
Address        P.O. BOX 141967  
City-State-Zip: CORAL GABLES FL 33114

*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:** URS EBNER

SECRETARY

09/19/2023

Electronic Signature of Signing Officer/Director Detail

Date