

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004775

**Entity Name:** NET HEALTH AFFILIATES, INC.

**Current Principal Place of Business:**

20533 BISCAYNE BLVD  
SUITE 437  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD  
SUITE 437  
AVENTURA, FL 33180 US

**FEI Number:** 47-2995508

**Certificate of Status Desired:** No

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

GOLDBERG, BRUCE  
20533 BISCAYNE BLVD. #437  
AVENTURA, FL 33180 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  
Name            GOLDBERG, BRUCE  
Address        20533 BISCAYNE BLVD. #437  
City-State-Zip: AVENTURA FL 33180

Title            D  
Name            MCLEAN, KAREEM  
Address        18428 NW 9 CT  
City-State-Zip: PEMBROKE PINES FL 33029

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:** BRUCE GOLDBERG

**PRESIDENT**

**03/02/2018**

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

\_\_\_\_\_  
Date