

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000101320

**Entity Name:** IHEALTHCARE SYSTEMS, INC.

**FILED**  
**Mar 26, 2016**  
**Secretary of State**  
**CC2679454288**

**Current Principal Place of Business:**

141 NE 3RD AVENUE  
9TH FLOOR  
MIAMI, FL 33132

**Current Mailing Address:**

141 NE 3RD AVENUE  
9TH FLOOR  
MIAMI, FL 33132

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

MIJARES, NOEL  
141 NE 3RD AVENUE  
9TH FLOOR  
MIAMI, FL 33132 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           PCEO  
Name           MIJARES, NOEL  
Address        141 NE 3RD AVENUE, 9TH FLOOR  
City-State-Zip: MIAMI FL 33132

Title           EVPS  
Name           BINGAMAN, DAVID  
Address        141 NE 3RD AVENUE, 9TH FLOOR  
City-State-Zip: MIAMI FL 33132

*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: NOEL MIJARES**

**PCEO**

**03/26/2016**

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

\_\_\_\_\_  
Date