

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000002060

Entity Name: HIGHT POINT MEDICAL SERVICES INC

Current Principal Place of Business:

175 FOUNTAINEBLEAU BLVD, SUITE 1H
MIAMI, FL 33172

Current Mailing Address:

P.O.BOX 22-6922
MIAMI, FL 33222-6922 US

FEI Number: 81-1061556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETANCOURT, RAYNER
175 FOUNTAINEBLEAU BLVD, SUITE 1H
MIAMI, FL 33172 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 BETANCOURT, RAYNER
Address P.O.BOX 22-6922
City-State-Zip: MIAMI FL 33222-6922

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: RAYNER BETANCOURT

PRESIDENT

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date