

**2018 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**

**05/14/2018**

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

\_\_\_\_\_  
Date