## 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: SONIA M RAMIREZ-BAEZ

Electronic Signature of Signing Officer/Director Detail

# MIAMI, FL 33144

**Current Principal Place of Business:** 

## **Current Mailing Address:**

DOCUMENT# P16000050464

8300 SW 8TH STREET SUITE 303 MIAMI, FL 33144 US

8300 SW 8TH STREET

SUITE 303

#### FEI Number: 81-2900283

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

RAMIREZ-BAEZ, SONIA M 8300 SW 8TH STREET SUITE 303 MIAMI, FL 33144 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

Entity Name: SOUTH MIAMI HEALTH PROFESSIONALS, INC.

#### **Officer/Director Detail :**

Title Р RAMIREZ-BAEZ, SONIA M Name 8300 SW 8TH STREET SUITE 303 Address

City-State-Zip: MIAMI FL 33144

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Certificate of Status Desired: No

01/04/2021 PRESIDENT

### FILED Jan 04, 2021 Secretary of State 9945942538CC

Date

Date