above, or on an attachment with all other like empowered. PRESIDENT

Electronic Signature of Registered Agent

Onioci/Director Detail .		
Title	Р	
Name	RAMIREZ-BAEZ, SONIA	

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

City-State-Zip: MIAMI FL 33144

8300 SW 8TH STREET

SUITE 303 MIAMI, FL 33144 US

Current Mailing Address:

8300 SW 8TH STREET

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

SIGNATURE:

Officer/Director Detail :

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.

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

SUITE 303 MIAMI, FL 33144

Entity Name: SOUTH MIAMI HEALTH PROFESSIONALS, INC. **Current Principal Place of Business:**

DOCUMENT# P16000050464

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: Yes

SIGNATURE: SONIA M. RAMIREZ-BAEZ

FILED Jan 10, 2019 Secretary of State 8492978233CC

Electronic Signature of Signing Officer/Director Detail

Date