# Entity Name: SOUTH MIAMI HEALTH PROFESSIONALS, INC.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

8300 SW 8TH STREET SUITE 303 MIAMI, FL 33144

### **Current Mailing Address:**

DOCUMENT# P16000050464

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

#### FEI Number: 81-2900283

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

MORALES, OSVALDO 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

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

 
 Title
 P

 Name
 OLAYINKA FAYIGA, ADEBAYO

 Address
 8300 SW 8TH STREET SUITE 303

 City-State-Zip:
 MIAMI FL 33144

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.

DIRECTOR

SIGNATURE: OLAYINKA FAYIGA, ADEBAYO

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

05/14/2024 Date

Date