SIGNATURE: DANNY MARTINEZ GONZALEZ

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

Electronic Signature of Signing Officer/Director Detail

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

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000026230

Entity Name: ADA THERAPY SERVICES INC

Current Principal Place of Business:

4203 SW 14 ST 3 MIAMI, FL 33134

Current Mailing Address:

4203 SW 14 ST 3 MIAMI, FL 33134

FEI Number: 82-0940338

Name and Address of Current Registered Agent:

MARTINEZ GONZALEZ, DANNY 4253 SW 14 ST 3 MIAMI, FL 33134 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 :

TitlePNameMARTINEZ GONZALEZ, DANNYAddress4203 SW 14 ST APT 3

City-State-Zip: MIAMI FL 33134

Mar 14, 2018 Secretary of State CC3760458194

FILED

Certificate of Status Desired: No

Date

03/14/2018

PRESIDENT

Date