

2020 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P18000042820

Entity Name: NATIONWIDE HEALTHCARE BROKERS CORPORATION**Current Principal Place of Business:**3521 WEST BROWARD BLVD.
208
LAUDERHILL, FL 33312**Current Mailing Address:**3521 WEST BROWARD BLVD.
208
LAUDERHILL, FL 33312 US**FEI Number:** 82-5445131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIS, JACINTA M
10524 MOSS PARK ROAD, SUITE 204-641
ORLANDO, FL 32832 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:** JACINTA M. MATHIS

10/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ARMALIN, JONATHAN
Address	3521 WEST BROWARD BLVD. 208
City-State-Zip:	LAUDERHILL FL 33312

Title	VP
Name	DAUPHIN, GARY
Address	3521 WEST BROWARD BLVD. 208
City-State-Zip:	LAUDERHILL FL 33312

Title	TREASURER
Name	MOHORN III, WILLIE BERNARD
Address	3521 WEST BROWARD BLVD. 208
City-State-Zip:	LAUDERHILL FL 33312

Title	SECRETARY
Name	MCKAIL, LOVELL
Address	3521 WEST BROWARD BLVD. 208
City-State-Zip:	LAUDERHILL FL 33312

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: JONATHAN ARMALIN

PRESIDENT

10/21/2020

Electronic Signature of Signing Officer/Director Detail

Date