

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000054743

**Entity Name:** IHEALTHCARE MANAGEMENT II COMPANY

**Current Principal Place of Business:**

3901 NW 28TH STREET  
2ND FLOOR  
MIAMI, FL 33142

**Current Mailing Address:**

3901 NW 28TH STREET  
2ND FLOOR  
MIAMI, FL 33142 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

IHEALTHCARE, INC.  
3901 NW 28TH STREET  
2ND FLOOR  
MIAMI, FL 33142 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PCEO	Title	COO
Name	MIJARES, NOEL	Name	BINGAMAN, DAVID
Address	3901 NW 28TH STREET	Address	3901 NW 28TH STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142

*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:** NOEL MIJARES

**PCEO**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date