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.

PRESIDENT

SIGNATURE: ANTHONY WILLSHER

Electronic Signature of Signing Officer/Director Detail

Entity Name: SMART PROVIDER SOLUTIONS CORP

Current Principal Place of Business:

444 GIRALDA AVE CORAL GABLES, FL 33134

Current Mailing Address:

444 GIRALDA AVE CORAL GABLES, FL 33134 US

FEI Number: 84-2963383

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WILLSHER, ANTHONY J 444 GIRALDA AVE CORAL GABLES, FL 33134 US

MULLO, FL 00104 00

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:

Officer/Director Detail :			
Title	VP	Title	Р
Name	WILLSHER, ANTHONY J	Name	BORGES WILLSHER, FABIOLA
Address	444 GIRALDA AVE	Address	444 GIRALDA AVE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

Certificate of Status Desired: No

02/09/2023

FILED Feb 09, 2023 Secretary of State 1925149597CC

Date

Date