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: ORQUIDEA SANTOS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P21000074521

Entity Name: SANTOS MEDICAL CENTER HOMESTEAD INC

Current Principal Place of Business:

29645 S DIXIE HWY HOMESTEAD, FL 33033

Current Mailing Address:

29645 S DIXIE HWY HOMESTEAD, FL 33033 US

FEI Number: 87-2265290

Name and Address of Current Registered Agent:

IVETTE H. LEON, P.A. 13687 SW 26 STREET MIAMI, FL 33175 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	: IVETTE H. LEON			04/15/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	SANTOS, ORQUIDEA	Name	GUTIERREZ, JOSE L		
Address	13780 SW 26TH ST SUITE 211	Address	13780 SW 26TH ST SUITE 211		
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175		
Title	TD	Title	SD		
Name	CABRERA, YENISET	Name	PEREZ, YULIA		
Address	13780 SW 26TH ST SUITE 211	Address	13780 SW 26TH ST SUITE 211		
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175		

Certificate of Status Desired: No

FILED Apr 15, 2023 Secretary of State 9819255662CC

> 04/15/2023 Date