

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034576

Entity Name: PHYSICIANS HEALTHCARE NETWORK INC.

Current Principal Place of Business:

7105 SW 8 ST
SUITE 409
MIAMI, FL 33147

Current Mailing Address:

PO BOX 14-4176
CORAL GABLES, FL 33114-4176 US

FEI Number: 65-0489157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIRANTES, RAMON
7105 SW 8 ST
SUITE 409
MIAMI, FL 33147 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 D
Name QUIRANTES, RAMON
Address PO BOX 14-4176
City-State-Zip: CORAL GABLES FL 33114-4176

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: RAMON QUIRANTES

DIRECTOR

04/04/2020

Electronic Signature of Signing Officer/Director Detail

Date