Entity Name: HEALTH FORMS & SYSTEMS OF SOUTH FLORIDA, INC.			Secretary of State 3197687467CC
	ncipal Place of Business: TE MOUNTAIN PASS ACH, FL 33473		319700740700
Current Mai	ling Address:		
	NITE MOUNTAIN PASS BEACH, FL 33473 US		
FEI Number	: 65-0553477		Certificate of Status Desired: No
Name and A	ddress of Current Registered Agent:		
AMATO, MARY 3051 S OCEAN			
APT. 508 BOCA RATON,	FL 33432 US		
APT. 508 BOCA RATON,	FL 33432 US I entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Florida.
APT. 508 BOCA RATON, The above named		its registered office or regis	tered agent, or both, in the State of Florida. 02/01/2024
APT. 508 BOCA RATON, The above named	l entity submits this statement for the purpose of changing	its registered office or regis	0
APT. 508 BOCA RATON, The above named	 I entity submits this statement for the purpose of changing MARY E AMATO Electronic Signature of Registered Agent 	its registered office or regis	02/01/2024
APT. 508 BOCA RATON, The above named SIGNATURE	 I entity submits this statement for the purpose of changing MARY E AMATO Electronic Signature of Registered Agent 	its registered office or regis	02/01/2024
APT. 508 BOCA RATON, The above named SIGNATURE	entity submits this statement for the purpose of changing MARY E AMATO Electronic Signature of Registered Agent Ctor Detail :		02/01/2024 Date
APT. 508 BOCA RATON, The above named SIGNATURE Officer/Dired Title	d entity submits this statement for the purpose of changing MARY E AMATO Electronic Signature of Registered Agent Ctor Detail : DPS	Title	02/01/2024 Date
APT. 508 BOCA RATON, The above named SIGNATURE Officer/Direc Title Name	H entity submits this statement for the purpose of changing MARY E AMATO Electronic Signature of Registered Agent Ctor Detail : DPS SOLOMON, RONALD S 12851 GRANITE MOUNTAIN PASS	Title Name	02/01/2024 Date DVPT SOLOMON, CHERYL

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019066

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: RONALD SOLOMON

PRESIDENT

02/01/2024

FILED Feb 01, 2024

Electronic Signature of Signing Officer/Director Detail

Date