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: MATILDE BERAJA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P95000075052

Entity Name: BERAJA HEALTHCARE CORPORATION

Current Principal Place of Business:

2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134

Current Mailing Address:

2550 DOUGLAS ROAD SUITE 301 CORAL GABLES, FL 33134

FEI Number: 65-0618199

Name and Address of Current Registered Agent:

BERAJA, ESTHER 2295 S MIAMI AVENUE MIAMI, FL 33129 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.

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SIGNATURE	ESTHER BERAJA			02/26/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VD	
Name	BERAJA, ROBERTO	Name	BERAJA, VICTOR	
Address	2550 DOUGLAS RD. #301	Address	2550 DOUGLAS RD. #301	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	SD	Title	TD	
Name	BERAJA, MATILDE	Name	BERAJA, ESTHER	
Address	2550 DOUGLAS RD. #301	Address	2550 DOUGLAS RD. #301	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

Certificate of Status Desired: No

CFO

02/26/2020

FILED Feb 26, 2020 Secretary of State 4046811076CC

Date