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: SHOBHA GUPTA

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 3342 NE 34TH STREET

FORT LAUDERDALE, FL 33308

Current Mailing Address:

3342 NE 34TH STREET FORT LAUDERDALE. FL 33308

FEI Number: 65-0673028

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title	PSTD	Title	PSTD
Name	GUPTA, SHOBHA M.D.	Name	SOUTHERN MEDICAL SERVICES
Address	3342 NE 34TH STREET	Address	3342 NE 34TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	FORT LAUDERDALE FL 33308

PRESIDENT

03/27/2023 Date

FILED Mar 27, 2023 Secretary of State 9154654128CC

Date

Certificate of Status Desired: No

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P96000047262

Entity Name: SOUTHERN MEDICAL SERVICES GROUP, INC.