

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027989

**Entity Name:** KADES-II OF MIAMI, INC.

**Current Principal Place of Business:**

C/O R1S, 201 S. BISCAYNE BLVD.  
SUITE 1600  
MIAMI, FL 33131

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC3163635781**

**Current Mailing Address:**

804 CONGRESS AVE  
SUITE 300  
AUSTIN, TX 78701 US

**FEI Number:** 65-0907650

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.,  
SUITE 1500  
MIAMI, FL 33131 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           PTD  
Name           KAHN, ELENA  
Address        804 CONGRESS AV  
                  SUITE 300  
City-State-Zip: AUSTIN TX 78701

Title           DVS  
Name           KAHN, DAVID  
Address        804 CONGRESS AVE  
                  STE 300  
City-State-Zip: AUSTIN TX 78701

Title           PRES  
Name           KAHN, ABRAHAM  
Address        804 CONGRESS AVE  
                  SUITE 300  
City-State-Zip: AUSTIN TX 78701

*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:** DAVID KAHN

**DVS**

**01/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date