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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: EFRAIN ARROYAVE

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

Entity Name: STAT HEALTH SCREENS, LLC

Current Principal Place of Business:

TWO DATRAN CENTER 9130 SOUTH DADELAND BOULEVARD SUITE 1500 MIAMI, FL 33156-7850

Current Mailing Address:

TWO DATRAN CENTER 9130 SOUTH DADELAND BOULEVARD SUITE 1500 MIAMI, FL 33156-7850 US

FEI Number: 38-3724233

Name and Address of Current Registered Agent:

ARROYAVE, EFRAIN 1641 HUME ROAD LEXINGTON, FL 40516 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	EFRAIN ARROYAVE			06/08/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ARROYAVE, EFRAIN MD	Name	ARROYAVE, ROBIN RENE	
Address	1641 HUME ROAD	Address	1641 HUME ROAD	
City-State-Zip:	LEXINGTON KY 40516	City-State-Zip:	LEXINGTON KY 40516	

FILED Jun 08, 2020 Secretary of State 2636311050CC

Certificate of Status Desired: No

06/08/2020