that my name appears above, or on an attachment with all other like empowered. SIGNATURE: RANDY GOULD

Electronic Signature of Signing Authorized Person(s) Detail

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

MGRM

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000063223

Entity Name: INFINITE HEALTH CENTERS, LLC

Current Principal Place of Business:

10650 WEST STATE ROAD84 SUITE 104 DAVIE, FL 33324

Current Mailing Address:

10650 WEST STATE ROAD84 SUITE 104 DAVIE, FL 33324

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

GOULD, RANDY B 10650 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324 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 Authorized Person(s) Detail : Title MGRM Title MGRM GOULD, RANDY B Name Name SABBOTA, MARK G 10650 WEST STATE ROAD 84 SUITE 10650 WEST STATE ROAD 84 SUITE Address Address 104 104 City-State-Zip: DAVIE FL 33324 City-State-Zip: DAVIE FL 33324

FILED Apr 04, 2019 Secretary of State 5125505648CC

Certificate of Status Desired: No

04/04/2019

Date

Date