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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: LUIS MACHADO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F1000005487

Entity Name: CAT CAY MEDICAL CLINIC FOUNDATION, INC.

Current Principal Place of Business:

1050 LEE WAGENER BLVD 106 FT LAUDERDALE, FL 33315

Current Mailing Address:

1050 LEE WAGENER BLVD 106 FT LAUDERDALE, FL 33315 US

FEI Number: 20-5221502

Name and Address of Current Registered Agent:

HICKS, JEFFREY J 1040 ALFONSO AVENUE CORAL GABLES, FL 33146 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.

				04/04/2018	
SIGNATORE				Date	
	Electronic Signature of Registered Agent			Duit	
Officer/Director Detail :					
Title	PRESIDENT	Title	SECRETARY		
Name	HICKS, JEFFREY J	Name	FREELAND, JORGE		
Address	1040 ALFONSO AVENUE	Address	8901 HAMMOCK LAKE COURT		
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33156		
Title	DIRECTOR	Title	DIRECTOR		
Name	HUTTON, KEVIN DR.	Name	HIGGS, ROCHELLE		
Address	312 SOUTH CEDROS AVENUE 322	Address	1050 LEE WAGENER BLVD. 106		
City-State-Zip:	SOLANA BEACH CA 92075-1981	City-State-Zip:	FT. LAUDERDALE FL 33315		
Title	TREASURER				
Name	MACHADO, LUIS				
Address	305 ALCAZAR AVE SUITE 3				
City-State-Zip:	CORAL GABLES FL 33134				

04/04/2018

FILED Apr 04, 2018 Secretary of State CC5600572318

Certificate of Status Desired: Yes

IS MACHADO

TREASURER

Date