

FILED
03 SEP 30 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01752 1. Entity Name PROSALUD, INC.																											
Principal Place of Business P.O. BOX 8622 CORAL SPRINGS, FL 33075		Mailing Address PO BOX 8622 CORAL SPRINGS, FL 33075																									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
5. Name and Address of Current Registered Agent NEIRA, GABRIEL RICARDO 7011 NW 111 TERR POMPAÑO BEACH, FL 33076		7. Name and Address of New Registered Agent Name NEIRA GABRIEL Street Address (P.O. Box Number is Not Acceptable) 8333 W. McNab Rd City TAMAKAC, FL Zip Code 33321																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 09/25/03																											
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementarily report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all officers empowered.																											
SIGNATURE: <i>[Signature]</i>		DATE: 09/25/03 (904) 7200052																									