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DOCU 1. Corporati	JMENT # P950	00006992	7	. –					•			
•	PROFESSIONAL F	lEALTH AI	DMIN	ISTRATIO	N, INC.						•	. "
Principal Plac	ce of Business	·	Mai	ling Address			<u></u>	_				
	GEWATER DRIVE, GABLES, FL 3											
									DO NOT WRIT orated or Qualified		SPACE.	Report
	Place of Business		2a. I	Mailing Address				4. FEI Number		Ш		Applied Fa
Suite, Apt.	. W. ela.		26	Suite, Apt. #, etc				65-0621	892		\bot	Applied For Not Applicable
City & Stat			27		···			5. Certificate o	Status Desired			5 Additional Required
City & Star			28	City & State				6. Linction C. Trust Lund	noorge for incing		\$5.0	May Be
Zip 24	Country 25		 -	?ip	30 Co	untry		8. This corpora	tion has liability for		ax under S	d to Fees 199.032,
	9. Name and Addres	s of Current F		red Agent	[30]			Florida Statu 10. Name and	ntes Yes Address of New F			
GARCIA	A, MIRIAM					81 Nan	ne				rigent	·
90 ED	GEWATER DRIVE,	#1105				82 Stie	ut Addres	55 (P.O. Box Numb	per is Not Acceptab	ole)		-
CORAL	GABLES, FL 3	3133				l						
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	•	3133				84 City					85 ZK	Code
11. Pursuant	to the provisions of Section	20 607 0602	d 607.1	508, Florida Sta	atules, the abo	84 City		ion submits this st	alement for the our	FL	-	Code
11. Pursuant or register familiar wi	to the provisions of Section red agent, or both, in the S ith, and accept the obligation	ns 607.0502 an	id 607.1 Such cl 607.05	508, Florida Sta hange was auth 05, Florida Stah	atules, the abo orized by the outes.	84 City		ion submits this st of directors. I here	alement for the pur by accept the appo		-	-
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