I hereby certify that the information indicated on this report oath; that I am an officer or director of the corporation or th above, or on an attachment with all other like empowered.

SIGNATURE: RONALD SANCETTA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 752824

Entity Name: CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152 STREET SUITE 100 MIAMI, FL 33157

Current Mailing Address:

9000 SW 152 STREET **SUITE 102** MIAMI, FL 33157 US

FEI Number: 59-2136629

Name and Address of Current Registered Agent:

SANCETTA, RONALD 9275 SW. 152 STREET SUITE 208 MIAMI, FL 33157 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

Officer/Director Detail :

Title	Р	Title	SECRETARY, TREASURER
Name	SANCETTA, RONALD	Name	FEANNY, ELIAS DR.
Address	9275 SW 152 ST SUITE 208	Address	9275 SW 152 STREET SUITE 103
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157

rt or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under	
the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	
1.	

PRESIDENT

FILED Feb 24, 2016 Secretary of State CC4072450370

Certificate of Status Desired: No

02/24/2016 Date

Date