2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008698

Entity Name: URBAN HEALTH PARTNERSHIPS, INCORPORATED

FILED Feb 03, 2022 Secretary of State 0158709889CC

Current Principal Place of Business:

1800 SW 1ST AVENUE, SUITE 205 MIAMI. FL 33129

Current Mailing Address:

1800 SW 1ST AVENUE, SUITE 205 MIAMI, FL 33129 US

FEI Number: 45-3332540 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IGLESIAS, ANDREA PHD 1800 SW 1ST AVENUE, SUITE 205 MIAMI, FL 33129 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: ANDREA IGLESIAS 02/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title CEO/ED

Name FERREIRA DE MELO, ANAMARIE Name IGLESIAS, ANDREA

Address 1800 SW 1ST AVENUE, SUITE 205 Address 1800 SW 1ST AVENUE, SUITE 205

City-State-Zip: MIAMI FL 33129 City-State-Zip: MIAMI FL 33129

TitleDIRECTORTitleCHAIR, DIRECTORNameCALVO, LIZETTENameWEISTER, NATHALIE

Address 1800 SW 1ST AVENUE, SUITE 205 Address 1800 SW 1ST AVENUE, SUITE 205

City-State-Zip: MIAMI FL 33129 City-State-Zip: MIAMI FL 33129

Title DIRECTOR Title VICE CHAIR, DIRECTOR

Name LEON, ALFONSO Name ABRAHAM, EDWARD

Address 1800 SW 1ST AVENUE, SUITE 205 Address 1800 SW 1ST AVENUE, SUITE 205

City-State-Zip: MIAMI FL 33129 City-State-Zip: MIAMI FL 33129

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: ANDREA IGLESIAS CEO

Electronic Signature of Signing Officer/Director Detail

02/03/2022