2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2016
Secretary of State
CC3672995493

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Entity Name: DORAL PRO HEALTH CORP.

Current Principal Place of Business:

3515 N.W. 114 TH AV.
DORAL, FL 33178

Current Mailing Address:

3515 NW 114 AV.
DORAL, FL 33178 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, RAUL
4201 NW 107 AV.
SUITE 307
DORAL, FL 33178 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: RAUL GONZALEZ 01/13/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	GONZALEZ, RAUL MDS
Address	4201 N.W. 107TH AVE
City-State-Zip:	DORAL FL 33178

Title	VP
Name	BURGOS, TERESA MDS
Address	9757 NW 41ST STREET STE 201
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	CARDENAS , ERNESTO
Address	3785 NW 82 ND. AV. SUITE 307
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	PEREZ, JOHN
Address	4201 NW 107 AV.
City-State-Zip:	DORAL FL 33178

Title	S
Name	MONTOYA, SUSAN
Address	6803 N.W. 116 CT
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	MORGADO, ALICIA MDS
Address	8353 N.W. 36TH STREET
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	NAVARRETE, GUILLERMO DR.
Address	4201 NW 107 AV.
City-State-Zip:	DORAL FL 33178

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: SUSAN MONTOYA SECRETARY EXECUTIVE 01/13/2016

Electronic Signature of Signing Officer/Director Detail — Date