2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2015
Secretary of State
CC2990618029

DOCUMENT# N14000004362

Entity Name: DORAL PRO HEALTH CORP.

Current Principal Place of Business:

8353 N.W. 36TH STREET
DORAL, FL 33166

Current Mailing Address:

8353 N.W. 36TH STREET
DORAL, FL 33166

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERINI, ALBERTO
2525 PONCE DE LEON STE 300
CORAL GABLES, FL 33134 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: ALBERTO PIERINI 06/15/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PC
Name	PIERINI, ALBERTO
Address	8353 N.W. 36TH STREET
City-State-Zip:	DORAL FL 33166

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

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

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

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

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: PIERINI ALBERTO PC 06/15/2015

Electronic Signature of Signing Officer/Director Detail — Date