

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N14000004362

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
4207 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

08/06/2015

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 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 CARDENAS , ERNESTO
Address 3785 NW 82 ND. AV.
 SUITE 307
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: RAUL GONZALEZ

PRESIDENT

08/06/2015

Electronic Signature of Signing Officer/Director Detail

Date