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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

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

SIGNATURE: NORA DIEGUEZ

Electronic Signature of Signing Officer/Director Detail

Ρ

04/05/2020 Date

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.

Officer/Director Detail :

Title	D	Title	S
Name	DIEGUEZ, NORA PH.D	Name	VILCHES, ADRIANA D
Address	P.O. BOX 14-2064	Address	P.O.BOX 14-2064
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029168

Entity Name: NORA DIEGUEZ, PH.D., P.A.

Current Principal Place of Business:

2103 CORAL WAY SUITE 405 MIAMI, FL 33145

Current Mailing Address:

P.O. BOX 14-2064 CORAL GABLES, FL 33114

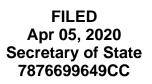
FEI Number: 65-1094027

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DIEGUEZ, NORA PH.D 2103 CORAL WAY SUITE 405 MIAMI, FL 33145 US

SIGNATURE:



Certificate of Status Desired: No

Date