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

PRESIDENT

SIGNATURE: MICHAEL O'NEAL

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045026

Entity Name: CENTER FOR FAMILY HEALTH AND PREVENTION, P.A.

Current Principal Place of Business:

3165 MCMULLEN BOOTH RD UNIT C-1 CLEARWATER, FL 33761

Current Mailing Address:

3165 MCMULLEN BOOTH RD UNIT C-1 CLEARWATER, FL 33761

FEI Number: 82-0540569

Name and Address of Current Registered Agent:

O'NEAL, MICHAEL LDO 3165 MCMULLEN BOOTH RD UNIT C-1 CLEARWATER, FL 33761 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePRESNameO'NEAL, MICHAEL DDOAddress3165 MCMULLEN BOOTH RDCity-State-Zip:CLEARWATER FL 33761

FILED Apr 05, 2016

Secretary of State

CC8524336279

Certificate of Status Desired: No

Date

04/05/2016 Date