

**2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000121658

**Entity Name:** RAPHA HEALTH NETWORK INTERNATIONAL INC

**Current Principal Place of Business:**

5900 NW 97 AVE  
SUITE 3-4  
DORAL , FL 33178

**Current Mailing Address:**

5900 NW 97TH AVE  
STE 3  
DORAL, FL 33178 US

**FEI Number:** 20-8549748

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GUZMAN, ALBERTO DR.  
8190 NW 46TH TERRACE  
DORAL, FL 33166 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 GUZMAN

06/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name GUZMAN, ALBERTO C  
Address 8190 NW 46 TERRACE  
City-State-Zip: DORAL FL 33166

Title DRA.  
Name GUZMAN, DURNES  
Address 8190 NW 46 TERRACE  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERTO GUZMAN

DR.

06/17/2025

Electronic Signature of Signing Officer/Director Detail

Date