

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054037

**Entity Name:** UNO HEALTHCARE INTERNATIONAL, INC.

**Current Principal Place of Business:**

7795 NW 54 ST  
MIAMI, FL 33166

**Current Mailing Address:**

7795 NW 54 ST  
MIAMI, FL 33166 US

**FEI Number:** 26-2752951

**Certificate of Status Desired:** No

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

BRADFORD, JAMES N  
14160 PALMETTO FRONTAGE RD  
SUITE 32  
MIAMI LAKES, FL 33016 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LISBOA, FABIO  
Address 7795 NW 54 STREET  
City-State-Zip: MIAMI 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:** FABIO LISBOA

**PRESIDENT**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date