

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096954

Entity Name: ZAIR MEDICAL SERVICE INC

Current Principal Place of Business:

8660 W. FLAGLER ST., STE. 205
MIAMI, FL 33144

Current Mailing Address:

8660 W. FLAGLER ST., STE. 205
MIAMI, FL 33144

FEI Number: 80-0291151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AQUINO, LUIS R
8660 WEST FLAGLER ST
SUITE 205
MIAMI, FL 33144 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	P	Title	VP
Name	AQUINO, LUIS R	Name	SILVA, JESSICA
Address	8660 WEST FLAGLER ST. 205	Address	8660 W. FLAGLER ST. STE. 205
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

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: LUIS AQUINO

PRESIDENT

03/10/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date