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.

OFFICER

SIGNATURE: EDUARDO S. MENDEZ MD

MONZON, YENNDY 1700 SW 104 AVE MIAMI, FL 33165 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: YENNDY MONZON

DOCUMENT# P09000076875

9600 SW 8TH STREET

MIAMI, FL 33174

Current Mailing Address: 9600 SW 8TH STREET

FEI Number: 27-0948792

MIAMI, FL 33174

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Current Principal Place of Business:

Electronic Signature of Registered Agent

Officer/Director Detail :

P/MD Title MENDEZ, EDUARDO S MD Name 1700 SW 104 AVE Address City-State-Zip: MIAMI FL 33165

Entity Name: ROYAL CARE MEDICAL CENTER, INC.

Name and Address of Current Registered Agent:

FILED Mar 22, 2021 Secretary of State 8985642660CC

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

03/22/2021

Date