

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103427

Entity Name: HYGEA HEALTH HOLDINGS, INC.**Current Principal Place of Business:**8750 NW 36 STREET
STE 300
DORAL, FL 33178**Current Mailing Address:**8750 NW 36 STREET
STE 300
DORAL, FL 33178 US**FEI Number:** 27-7638926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOAR, LACY K
2060 DARTMOUTH AVE N
ST PETERSBURG, FL 33713 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	PRESIDENT, DIRECTOR
Name	IGLESIAS, MANUEL E
Address	8095 NW 12TH ST STE 105
City-State-Zip:	MIAMI FL 33126

Title	VP, DIRECTOR
Name	MAIRENA, MARTHA
Address	8750 NW 36 STREET STE 300
City-State-Zip:	DORAL FL 33178

Title	TREASURER, DIRECTOR
Name	MOFFLY, TED
Address	8750 NW 36 STREET STE 300
City-State-Zip:	DORAL FL 33178

Title	SECRETARY
Name	WILLIAMS, RICHARD L
Address	8750 NW 36 STREET SUITE 300
City-State-Zip:	DORAL FL 33178

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: MANUEL E. IGLESIAS**P****02/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date