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.

PRESIDENT

SIGNATURE: LOUIS GUTIERREZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P09000103467

Entity Name: LOUIS GUTIERREZ M.D., P.A.

Current Principal Place of Business:

16799 N.E. 1ST AVE NORTH MIAMI BEACH. FL 33162

Current Mailing Address:

16799 N.E. 1ST AVE NORTH MIAMI BEACH. FL 33162 US

FEI Number: 27-1581539

Name and Address of Current Registered Agent:

GUTIERREZ, LOUIS 16799 N.E 1ST AVE NORTH MIAMI BEACH, FL 33162 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

Officer/Director Detail :

Title	Р	Title	SEC
Name	GUTIERREZ, LOUIS	Name	GUTIERREZ, LOUIS
Address	16799 N.E. 1ST AVE	Address	16799 N.E. 1ST AVE
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162

FILED Apr 09, 2022 Secretary of State 3087643844CC

Certificate of Status Desired: No

Date

04/09/2022 Date