| Current Mail | ling Address: | | | |
|---|--|-----------------------------------|--|-----------------------------|
| 935 NORTH MIAMI,FL : | WEST 15TH AVENUE 33125 | | | |
| FEI Number: 45-5136746 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| | | | | |
| 935 N.W. 15TH | AVENUE | | | |
| 935 N.W. 15TH MIAMI, FL 3312 | AVENUE | ng its registered office or regis | tered agent, or both, in the State of Flor | ida. |
| 935 N.W. 15TH MIAMI, FL 3312 The above named | AVENUE 25 US | ng its registered office or regis | tered agent, or both, in the State of Flor | ^{ida.} 06/29/20 |
| 935 N.W. 15TH MIAMI, FL 3312 The above named | I AVENUE 25 US d entity submits this statement for the purpose of changin | ng its registered office or regis | tered agent, or both, in the State of Flor | |
| 935 N.W. 15TH MIAMI, FL 3312 The above named SIGNATURE | AVENUE 25 US d entity submits this statement for the purpose of changin UDRGE MELGEN | ng its registered office or regis | tered agent, or both, in the State of Flor | 06/29/20 |
| 935 N.W. 15TH MIAMI, FL 3312 The above named SIGNATURE Officer/Dired | AVENUE 25 US d entity submits this statement for the purpose of changin E: JORGE MELGEN Electronic Signature of Registered Agent | ng its registered office or regis | tered agent, or both, in the State of Flor | 06/29/20 |
| 935 N.W. 15TH MIAMI, FL 3312 The above named SIGNATURE Officer/Direc Title | AVENUE 25 US d entity submits this statement for the purpose of changin E: JORGE MELGEN Electronic Signature of Registered Agent ctor Detail : | | | 06/29/20 |
| SIGNATURE | AVENUE 25 US d entity submits this statement for the purpose of changin E: JORGE MELGEN Electronic Signature of Registered Agent Ctor Detail : P/S | Title | D | 06/29/20 Date |

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.

PS

SIGNATURE: MELGEN, JORGE

Electronic Signature of Signing Officer/Director Detail

06/29/2020

Current Principal Place of Business: 935 NORTHWEST 15TH AVENUE MIAMI, FL 33125

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000038128

Entity Name: JORGE MELGEN, M.D., P.A.

FILED Jun 29, 2020 Secretary of State 0036155107CC

Date