

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038152

**Entity Name:** MI SALUD, CORP.

**Current Principal Place of Business:**

11332 REDBERRY DR.  
DAVIE, FL 33330

**Current Mailing Address:**

C/O 1 TAX PRO, INC.  
800 E. ARROW HWY.  
COVINA, CA 91722 US

**FEI Number:** 45-5253046

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, PAUL  
11332 REDBERRY DR.  
DAVIE, FL 33330 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  
Name VARGAS, PAUL  
Address 11332 REDBERRY DR.  
City-State-Zip: DAVIE FL 33330

Title S  
Name MARQUEZ, MARISOL  
Address 11332 REDBERRY DR.  
City-State-Zip: DAVIE FL 33330

Title T  
Name MARQUEZ, MARISOL  
Address 11332 REDBERRY DR.  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name VARGAS, PAUL  
Address 11332 REDBERRY DR.  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name MARQUEZ, MARISOL  
Address 11332 REDBERRY DR.  
City-State-Zip: DAVIE FL 33330

*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:** PAUL VARGAS

**PRESIDENT**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date