

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000038152

Entity Name: MI SALUD, CORP.**Current Principal Place of Business:**2825 JOCKEY CIR WEST
DAVIE, FL 33330-1017**Current Mailing Address:**C/O EFFECTIVE TAX SOLUTIONS INC
17821 E. 17TH STREET SUITE 270
TUSTIN, CA 92780 US**FEI Number:** 45-5253046**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VARGAS, PAUL
2825 JOCKEY CIR WEST
DAVIE, FL 33330-1017 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:** PAUL VARGAS

10/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	VARGAS, PAUL
Address	2825 JOCKEY CIR WEST
City-State-Zip:	DAVIE FL 33330-1017

Title	S
Name	MARQUEZ, MARISOL
Address	2825 JOCKEY CIR WEST
City-State-Zip:	DAVIE FL 33330-1017

Title	T
Name	MARQUEZ, MARISOL
Address	2825 JOCKEY CIR WEST
City-State-Zip:	DAVIE FL 33330-1017

Title	DIRECTOR
Name	VARGAS, PAUL
Address	2825 JOCKEY CIR WEST
City-State-Zip:	DAVIE FL 33330-1017

Title	DIRECTOR
Name	MARQUEZ, MARISOL
Address	.2825 JOCKEY CIR WEST
City-State-Zip:	DAVIE FL 33330-1017

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**

10/02/2017

Electronic Signature of Signing Officer/Director Detail

Date