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.

PVP

SIGNATURE: LUIS S VERAS

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000045942

Entity Name: FLORIDA GERIATRICS ASSOCIATES, INC.

Current Principal Place of Business:

747 PONCE DE LEON BLVD SUITE 607 CORAL GABLES, FL 33134

Current Mailing Address:

747 PONCE DE LEON BLVD SUITE 607 CORAL GABLES, FL 33134

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VERAS, LUIS S MD 747 PONCE DE LEON BLVD SUITE 607 CORAL GABLES, FL 33134 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:

Officer/Director Detail :

Title	PVP	Title	ST
Name	VERAS, LUIS S	Name	VERAS, LUIS S
Address	747 PONCE DE LEON BLVD, STE 607	Address	747 PONCE DE LEON BLVD, STE 607
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

FILED Apr 12, 2017 Secretary of State CC2841081343

Date

Certificate of Status Desired: No

04/12/2017

Date