

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000081576

**Entity Name:** GONZALEZ M.D & ASWAD M.D HEALTH SERVICES CORP

**Current Principal Place of Business:**

580 SW 45 AVE  
MIAMI, FL 33145

**Current Mailing Address:**

580 SW 45 AVE  
MIAMI, FL 33134 US

**FEI Number:** 47-2114666

**Certificate of Status Desired:** No

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

GONZALEZ, YANEICY  
580 SW 45 AVE  
MIAMI, 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:** YANEICY GONZALEZ

03/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                   |                 |                |
|-----------------|-------------------|-----------------|----------------|
| Title           | P                 | Title           | P              |
| Name            | GONZALEZ, YANEICY | Name            | ASWAD, AHMAD   |
| Address         | 580 SW 45 AVE     | Address         | 580 SW 45 AVE  |
| City-State-Zip: | MIAMI FL 33134    | City-State-Zip: | MIAMI FL 33134 |

*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:** YANEICY GONZALEZ ROJAS

**PRESIDENT**

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date