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. 03/08/2021

SIGNATURE: NATIVIDA JOISSAINT

Electronic Signature of Signing Officer/Director Detail

FEI Number: 47-4521332 Name and Address of Current Registered Agent:

JOISSAINT, NATIVIDA 351 NE 47TH CT POMPANO BEACH, FL 33064 US

DOCUMENT# P15000057593

POMPANO BEACH, FL 33064

Current Mailing Address:

351 NE 47TH CT

351 NE 47TH CT

Current Principal Place of Business:

POMPANO BEACH. FL 33064 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: NATIVIDA JOISSAINT

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	JOISSAINT, NATIVIDA
Address	351 NE 47TH CT
City-State-Zip:	POMPANO BEACH FL 33064

Entity Name: NATIVIDA HEALTH CORP ENTERPRISES

FILED Mar 08, 2021 Secretary of State 4785783098CC

Certificate of Status Desired: No

03/08/2021 Date

Date

OWNER