

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000081146

**Entity Name:** HEALTH AFFILIATES INC

**Current Principal Place of Business:**

6530 NW 29TH STREET  
SUNRISE, FL 33313

**Current Mailing Address:**

6530 NW 29TH STREET  
SUNRISE, FL 33313

**FEI Number:** 47-5219883

**Certificate of Status Desired:** No

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

SANT, KEVIN  
6530 NW 29TH STREET  
SUNRISE, FL 33313 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:** KEVIN SANT

03/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P/T                 | Title           | VP/S                |
| Name            | SANT, KEVIN         | Name            | SANT, CATHERINE     |
| Address         | 6530 NW 29TH STREET | Address         | 6530 NW 29TH STREET |
| City-State-Zip: | SUNRISE FL 33313    | City-State-Zip: | SUNRISE FL 33313    |

*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:** KEVIN SANT

**PRESIDENT**

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date