SIGNATURE: JUAN M. PREMOLI

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000009760

Entity Name: JUAN M. PREMOLI MD PA

Current Principal Place of Business:

20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180

Current Mailing Address:

20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180

FEI Number: 81-1254641

Name and Address of Current Registered Agent:

PREMOLI, JUAN M MD 20553 BISCAYNE BLVD SUITE 4-538 AVENTURA, FL 33180 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: JUAN M. PREMOLI

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePNamePREMOLI, JUAN MAddress20533 BISCAYNE BLVD., SUITE 4-538

City-State-Zip: AVENTURA FL 33180

Certificate of Status Desired: No

03/28/2024

Date

FILED Mar 28, 2024 Secretary of State 1087957860CC

Date

03/28/2024