

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000017714

Entity Name: TERCERO HEALTH SERVICES INC.

Current Principal Place of Business:

504 NW 51 AVE
MIAMI, FL 33126

Current Mailing Address:

504 NW 51 AVE
MIAMI, FL 33126

FEI Number: 81-1551971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERCERO, ROSA E
504 NW 51 AVE
MIAMI, FL 33126 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name TERCERO, ROSA E
Address 504 NW 51 AVE
City-State-Zip: MIAMI FL 33126

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: ROSA E TERCERO

P

04/03/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date