

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000030229

**Entity Name:** MIAMI HEALTH CONSULTANTS, INC.

**Current Principal Place of Business:**

270 W. 35TH STREET  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

270 W. 35TH STREET  
MIAMI BEACH, FL 33140 US

**FEI Number:** 82-1119119

**Certificate of Status Desired:** No

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

RABINOVICH FOX, MARLENE  
270 W. 35TH STREET  
MIAMI BEACH, FL 33140 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            PRES  
Name            RABINOVICH-FOX, MARLENE  
Address        270 W. 35TH STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            FOX-VICE, JEFFREY  
Address        270 W. 35TH STREET  
City-State-Zip: MIAMI BEACH FL 33140

*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:** MARLENE RABINOVICH- FOX

**PRESIDENT**

**06/11/2020**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date