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: ANTONIO RUIZ MGR

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent: RUIZ, ANTONIO 8326 SW 8TH STREET

DOCUMENT# P18000046353

8326 SW 8TH STREET MIAMI. FL 33144

Current Mailing Address: 8326 SW 8TH STREET MIAMI, FL 33144 US

FEI Number: 83-0609449

MIAMI, FL 33175 US

Current Principal Place of Business:

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: ANTONIO RUIZ

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Ρ Name RUIZ, ANTONIO Address 8326 SW 8TH STREET City-State-Zip: MIAMI FL 33144

Entity Name: A&Y REHABILITATION MEDICAL CENTER, CORP.

FILED Feb 19, 2021 Secretary of State 1493455940CC

Certificate of Status Desired: No

Date

02/19/2021

Date

02/19/2021