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: ALEJANDRO LOPEZ

Electronic Signature of Signing Officer/Director Detail

FEI Number: 83-0609449 Name and Address of Current Registered Agent:

DOCUMENT# P18000046353

Current Principal Place of Business:

LOPEZ, ALEJANDRO 14420 SW 30TH STREET MIAMI, FL 33175 US

8326 SW 8TH STREET MIAMI, FL 33144

Current Mailing Address: 8326 SW 8TH STREET MIAMI. FL 33144 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: ALEJANDRO LOPEZ

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePRESIDENTNameLOPEZ, ALEJANDROAddress14420 SW 30TH STREETCity-State-Zip:MIAMI FL 33175

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

FILED Jan 20, 2023 Secretary of State 4649802830CC

Certificate of Status Desired: No

01/20/2023 Date

01/20/2023

Date

PRESIDENT