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: TANIA PRIDA

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000070661

Entity Name: FAMILY FIRST MEDICAL RESEARCH CENTER, INC

Current Principal Place of Business:

5077 NW 7TH ST APT 408 MIAMI, FL 33126

Current Mailing Address:

5077 NW 7TH ST APT 408 MIAMI, FL 33126 US

FEI Number: 85-3048171

Name and Address of Current Registered Agent:

PRIDA, TANIA 5077 NW 7TH ST APT 408 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

Officer/Director Detail :

TitlePNamePRIDA, TANIAAddress5077 NW 7TH ST APT 408City-State-Zip:MIAMI FL 33126

Certificate of Status Desired: No

02/05/2024

Date

FILED Feb 05, 2024 Secretary of State 2510621293CC

PRESIDENT

Date