

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000097335

**Entity Name:** SURLINE HEALTH CORPORATION

**Current Principal Place of Business:**

12310 GRIFFING BLVD  
MIAMI FL 33161, FL 33161

**Current Mailing Address:**

12310 GRIFFING BLVD  
MIAMI FL 33161, FL 33161

**FEI Number: 85-4110922**

**Certificate of Status Desired: No**

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

SENE, SURLINE  
12310 GRIFFING BLVD  
MIAMI FL 33161, FL 33161 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 SENE, SURLINE  
Address 12310 GRIFFING BLVD  
City-State-Zip: MIAMI FL 33161 FL 33161

*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: SURLINE SENE**

**MISS**

**04/18/2023**

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

\_\_\_\_\_  
Date