

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000055256

Entity Name: MIAMI HEALTHCARE SERVICES P.A.

Current Principal Place of Business:

909 N MIAMI BEACH BLVD STE 403
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

909 N MIAMI BEACH BLVD STE 403
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 93-3860545

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLLSCHLAEGER, BERND
18884 SW 29TH CT
MIRAMAR, FL 33029 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 PTSD
Name WOLLSCHLAEGER, BERND
Address 909 N MIAMI BEACH BLVD STE 403
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: BERND WOLLSCHLAEGER,MD

PTSD

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date