OFFICER

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: ANDREA KELLY HUGHES

Electronic Signature of Signing Officer/Director Detail

FEI Number: 65-0470484

Name and Address of Current Registered Agent:

PAIGE, ROBERT EESQ 2151 LEJEUNE RD SUITE 309-A CORAL GABLES, FL 33134 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 :

D	Title	D
JOHNSON MD, MICHAEL E	Name	HUGHES, ANDREA KELLY
2250 S DIXIE HWY	Address	2250 S DIXIE HWY
COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
	D JOHNSON MD, MICHAEL E 2250 S DIXIE HWY	DTitleJOHNSON MD, MICHAEL EName2250 S DIXIE HWYAddress

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9400002457

Entity Name: COCONUT GROVE MEDICAL CORPORATION

Current Principal Place of Business:

2250 S DIXIE HWY COCONUT GROVE, FL 33133

Current Mailing Address:

PO BOX 922 NEW SMYRNA BEACH, FL 32170 US

Certificate of Status Desired: Yes

02/09/2016 Date

FILED Feb 09, 2016 Secretary of State CC1955940807

Date