

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041273

Entity Name: COLADA HEALTH NETWORK, INC.

Current Principal Place of Business:

7105 SW 8 ST
SUITE 409
MIAMI, FL 33147

Current Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 33114-4131

FEI Number: 65-0666248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIANS HEALTHCARE NETWORK INC
7105 SW 8 ST
SUITE 409
MIAMI, FL 33147 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: RAMON QUIRANTES

04/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PHYSICIANS HEALTHCARE
 NETWORK INC
Address PO BOX 14-4176
City-State-Zip: CORAL GABLES FL 33114-4176

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: RAMON QUIRANTES

PRESIDENT

04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date