

**2020 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

04/04/2020

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

OFFICER

04/04/2020

Electronic Signature of Signing Officer/Director Detail

Date