2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC1904804469

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Entity Name: AFFILIATED HEALTHCARE CENTERS, INC.

Current Principal Place of Business:

8000 SW 67TH AVE
MIAMI, FL 33143

Current Mailing Address:

8000 SW 67TH AVE
MIAMI, FL 33143

FEI Number: 65-0730048

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURAK, BARRY NDR
8000 SW 67TH AVE
MIAMI, FL 33143 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	PRES
Name	BURAK, BARRY NDR
Address	8000 SW 67TH AVE
City-State-Zip:	MIAMI FL 33143

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: DR. BARRY N BURAK PRESIDENT 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date