

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104814

Entity Name: PROMEDICAL PLAN PHC, INC.**Current Principal Place of Business:**400 SAWGRASS CORPORATE PARKWAY,
SUITE 230
SUNRISE, FL 33325**Current Mailing Address:**400 SAWGRASS CORPORATE PARKWAY,
SUITE 230
SUNRISE, FL 33325 US**FEI Number:** 65-0888541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOLOSIN, LEANDRO J
400 SAWGRASS CORPORATE PARKWAY,
SUITE 230
SUNRISE, FL 33325 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:** LEANDRO J VOLOSIN

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	VOLOSIN, JOSE A
Address	400 SAWGRASS CORPORATE PARKWAY, STE 230
City-State-Zip:	SUNRISE FL 33325

Title	CFO
Name	VOLOSIN, LEANDRO J
Address	400 SAWGRASS CORPORATE PARKWAY, STE 230
City-State-Zip:	SUNRISE FL 33325

Title	MD
Name	CASANOVA, RENE
Address	400 SAWGRASS CORPORATE PARKWAY, STE 230
City-State-Zip:	SUNRISE FL 33325

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: JOSE A VOLOSIN

PD

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date