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: HEIDI GONZALEZ

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: HIALEAH MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4505 W FLAGLER ST STE 202 MIAMI, FL 33134-1500

Current Mailing Address:

4505 W FLAGLER ST STE 202 MIAMI, FL 33134-1500 US

FEI Number: 65-0291876

Name and Address of Current Registered Agent:

POSADA, JENNIFER H 4505 W FLAGLER ST STE 202 MIAMI, FL 33134-1500 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:	JENNIFER H POSADA			03/19/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	MANAGER	
Name	POSADA, JENNIFER H	Name	HEIDI, GONZALEZ	
Address	4505 W FLAGLER ST STE 202	Address	4505 W FLAGLER ST STE 202	
City-State-Zip:	MIAMI FL 33134-1500	City-State-Zip:	MIAMI FL 33134-1500	

Certificate of Status Desired: No

Mar 19, 2024 Secretary of State 0908415024CC

FILED

ADMINISTRATOR

03/19/2024