#### 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: DAVID LENTINE

Electronic Signature of Signing Officer/Director Detail

## CHAIRMAN

01/12/2017

### DOCUMENT# F11000003160 Entity Name: METROPOLITAN HEALTHCARE SERVICES, INC.

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

555 HERNDON PARKWAY SUITE 125 HERNDON, VA 20170

#### **Current Mailing Address:**

555 HERNDON PARKWAY SUITE 125 HERNDON, VA 20170

#### FEI Number: 84-1624391

#### Name and Address of Current Registered Agent:

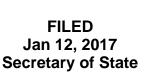
Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

**Officer/Director Detail :** Title CHAIRMAN Title CEO LENTINE, DAVID DANIEL, EDWARD Name Name 555 HERNDON PARKWAY, SUITE 125 Address Address 555 HERNDON PARKWAY SUITE 125 City-State-Zip: HERNDON VA 20170 HERNDON VA 20170 City-State-Zip:



Date

# CC5427386547

Certificate of Status Desired: No

Date