

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000003573

**Entity Name:** REFINE HEALTH INC

**Current Principal Place of Business:**

2700 SW 27TH AVE  
STE 400  
MIAMI, FL 33133

**Current Mailing Address:**

2700 SW 27TH AVE  
STE 400  
MIAMI, FL 33133 US

**FEI Number:** 86-1625259

**Certificate of Status Desired:** No

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

NIEVES, JANNETTE  
2700 SW 27TH AVE  
STE 400  
MIAMI, FL 33133 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 P  
Name NIEVES, JANNETTE  
Address 2700 SW 27TH AVE  
STE 400  
City-State-Zip: MIAMI FL 33133

*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:** JANNETTE NIEVES

**PRESIDENT**

**02/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date