SIGNATURE: TOM GLOVER

Officer/Director Detail :

Title LANDAU, ISRAEL H Name Address 1336 SPAGUE ST City-State-Zip: HENDERSON NV 89011

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.

DOCUMENT# P97000073022	
Entity Name: SOUTHWESTERN MEDICAL SOLUTIONS, INC.	

HENDERSON, NV 89011

Current Principal Place of Business:

Current Mailing Address:

1336 SPAGUE ST

1336 SPAGUE ST HENDERSON, NV 89011 US

FEI Number: 88-0423950

Name and Address of Current Registered Agent:

TOM, GLOVER 7901 4TH ST N SUITE 300 ST. PETERSBURG, FL 33702 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.

	TOM GLOVER				
	Electronic Signature of Registered Agent				

PTD

01/02/2019 SIGNATURE: ISRAEL LANDAU PTD

2	2019	FLORIDA	PROFIT	CORPOR	RATION R	REINSTAT	FEMENT	

FILED Jan 02, 2019 Secretary of State CR3740550904

Certificate of Status Desired: Yes

01/02/2019 Date

Date

Electronic Signature of Signing Officer/Director Detail