

Interim Designation of Agent to Receive Notification  
of Claimed Infringement



Full Legal Name of Service Provider: Sana Health Group, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \_\_\_\_\_

Address of Service Provider: 1733 NW. 79<sup>th</sup> Avenue, CPS 15052  
MIAMI, FLORIDA, 33126

Name of Agent Designated to Receive Notification of Claimed Infringement: Copyright Agent.

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
Copyright Agent Sana Health Group, Inc. 1733 NW 79<sup>th</sup> Ave  
MIAMI FLORIDA 33126

Telephone Number of Designated Agent: 809 610 6065

Facsimile Number of Designated Agent: 809 683 2386

Email Address of Designated Agent: copyright.agent@sana.healthgroup.com

Signature of Officer or Representative of the Designating Service Provider: Jeanmarie Adams Date: Oct 14, 2009

Typed or Printed Name and Title: JEANMARIE Adams President/CEO

SCANNED 11 05-2009

Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.

\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)

