

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003843

Entity Name: U.S. PUBLIC RURAL HEALTH SERVICES, CORP.**Current Principal Place of Business:**17501 NORTH WEST 47TH COURT
MIAMI GARDENS, FL 33055**Current Mailing Address:**3109 NORTH WEST 133RD STREET
OPA-LOCKA, FL 33054**FEI Number: 80-0793504****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, FELIX A
3109 NORTH WEST 133RD STREET
OPA-LOCKA, FL 33054 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:** YESIT J CAMPO

04/25/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name VESA, ENRIQUE E
Address 16314 SW 66 ST
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name ALONSO, JORGE E ESQ.
Address 782 NW 42 AVE STE 641
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CONRADO NAVARRO, RENE
Address 11440 SW 41 TERRACE
City-State-Zip: MIAMI FL 33165

Title DIRECTOR
Name SOTOLONGO, JOSEFINA
Address 782 NW 42 AVE STE 641
City-State-Zip: MIAMI FL 33126

Title P
Name LEYVA, ARMANDO A
Address 6200 SHENANDOAH WAY
City-State-Zip: ORLANDO FL 32807

Title T
Name VESA, ENRIQUE E
Address 15001 SOUTH WEST 141ST TERRACE
City-State-Zip: MIAMI FL 33196

Title V
Name ALVAREZ, MARIA E
Address 9222 SOUTH WEST 149TH AVE.
City-State-Zip: MIAMI FL 33196

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO A LEYVA**PRESIDENT**

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date