

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003843

Entity Name: U.S. PUBLIC RURAL HEALTH SERVICES, CORP.**Current Principal Place of Business:**3109 NW 133 CT
OPA-LOCKA, FL 33054**Current Mailing Address:**P.O. BOX 127445
HIALEAH, FL 33012 US**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

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FERNANDEZ, YASMEEN M
Address 1193 NW 133 CT
City-State-Zip: MIAMI FL 33182

Title SECRETARY
Name FERNANDEZ, DAVID J.
Address 1193 NW 133 CT
City-State-Zip: MIAMI FL 33182

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

Title VP
Name MIR, ASIF M
Address 1182 NW 133 CT
City-State-Zip: MIAMI FL 33182

Title DIRECTOR
Name MIR, ARMANDA P
Address 1182 NW 133 CT
City-State-Zip: MIAMI FL 33182

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: YASMEEN M. FERNANDEZ**DIRECTOR**

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date