

**2013 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:**PO BOX 126960  
HIALEAH, FL 33012 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIZCPAS, LLP  
1300 NW 84 AVENUE  
MIAMI , FL 33126 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

05/02/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title P  
Name RIVERA, GAMALIEL  
Address 3780 NW 22 AVE APT 302  
City-State-Zip: MIAMI FL 33142

Title VP  
Name SANCHEZ MESA, NOSLEN  
Address 16314 SW 66 ST  
City-State-Zip: MIAMI FL 33193

Title SECRETARY  
Name ALVAREZ, MARIA E  
Address 9222 SW 149 AVE  
City-State-Zip: MIAMI FL 33196

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

*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:** ENRIQUE EUGENIO VESA

TREASURER

05/02/2013

Electronic Signature of Signing Officer/Director Detail

Date