

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003843

Entity Name: U.S. PUBLIC RURAL HEALTH SERVICES, CORP.

FILED
May 02, 2013
Secretary of State
CC7645300367

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