

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K30968

**Entity Name:** KENDALL HEALTH CARE, INC.

**Current Principal Place of Business:**

11355 SW 84 ST  
MIAMI, FL 33173

**Current Mailing Address:**

11355 SW 84 ST  
MIAMI, FL 33173 US

**FEI Number:** 65-0075586

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROIZ, OSCAR L  
10850 SW 113 PLACE  
MIAMI, FL 33176 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SHAHAM, JACOB  
Address 11355 SW 84 ST  
City-State-Zip: MIAMI FL

Title SEC  
Name SHAHAM, HELEN  
Address 11355 SW 84 ST  
City-State-Zip: MIAMI FL

Title VP  
Name ROIZ, OSCAR L  
Address 11355 SW 84 ST  
City-State-Zip: MIAMI FL 33173

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

**SIGNATURE:** JACOB SHAHAM

**PRESIDENT**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date