

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000123967

**Entity Name:** FLORIDA HEALTH SERVICES AND ASSOCIATES INC

**Current Principal Place of Business:**

8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166

**Current Mailing Address:**

8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166 US

**FEI Number:** 20-3444078

**Certificate of Status Desired:** No

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

PORTELA, MERCEDES  
8600 N.W. S. RIVER DR.  
SUITE 121  
MEDLEY, FL 33166 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:** MERCEDES PORTELA

04/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PORTELA, MERCEDES  
Address        8600 N.W. S. RIVER DR.  
                 SUITE 121  
City-State-Zip: MEDLEY FL 33166

Title            VP  
Name            VELASCO, NESTOR  
Address        8600 N.W. S. RIVER DR.  
                 SUITE 121  
City-State-Zip: MEDLEY FL 33166

*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:** MERCEDES PORTELA

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04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date