

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023708

**Entity Name:** A NEW DIMENSION HEALTHCARE SERVICES, INC.

**FILED**  
**Apr 27, 2013**  
**Secretary of State**  
**CC4744289540**

**Current Principal Place of Business:**

9901 SW 35TH TERRACE  
REAR  
MIAMI, FL 33165

**Current Mailing Address:**

9901 SW 35TH TERRACE  
REAR  
MIAMI, FL 33165

**FEI Number:** 20-8538422

**Certificate of Status Desired:** Yes

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

HERNANDEZ, ANA BELKIS  
9901 SW 35TH TERRACE  
REAR  
MIAMI, FL 33165 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 HERNANDEZ, ANA BELKIS  
Address 9901 SW 35TH TERRACE REAR  
City-State-Zip: MIAMI FL 33165

*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:** ANA BELKIS HERNANDEZ

**PRESIDENT**

**04/27/2013**

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

\_\_\_\_\_  
Date