

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050288

Entity Name: WEST MIAMI HEALTH CENTER, CORP.

Current Principal Place of Business:

1425 SW 27TH AVENUE
MIAMI, FL 33145

Current Mailing Address:

1425 SW 27TH AVENUE
MIAMI, FL 33145

FEI Number: 20-8925205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ ESTEVES, JENNIFER K
1425 SW 27TH AVENUE
MIAMI, FL 33145 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	P	Title	D
Name	GOMEZ, JENNIFER	Name	GOMEZ, FAUSTINO A(ADM)
Address	1425 SW 27TH AVE	Address	1425 SW 27TH AVE
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

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: FAUSTINO GOMEZ

ADM

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date