

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000050288

**Entity Name:** WEST MIAMI HEALTH CENTER, CORP.

**Current Principal Place of Business:**

1707 CORAL WAY  
MIAMI, FL 33145

**FILED**  
**Jul 01, 2013**  
**Secretary of State**  
**CC0756584551**

**Current Mailing Address:**

1707 CORAL WAY  
MIAMI, FL 33145 US

**FEI Number: 20-8925205**

**Certificate of Status Desired: Yes**

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

GOMEZ ESTEVES, JENNIFER K  
1707 CORAL WAY  
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	1707 CORAL WAY	Address	1707 CORAL WAY
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**

**ADMINISTRATOR**

**07/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date