

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000025429

**Entity Name:** HEALTH MANAGEMENT VENTURES, INC.**Current Principal Place of Business:**2215 N. MILITARY TRAIL  
STE O  
WEST PALM BEACH, FL 33409**Current Mailing Address:**2215 N. MILITARY TRAIL  
STE O  
WEST PALM BEACH, FL 33409 US**FEI Number:** 90-0629031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESLIE, EWAN G  
2215 N. MILITARY TRAIL  
STE O  
WEST PALM BEACH, FL 33409 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:** EWAN LESLIE

04/03/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	LESLIE, EWAN
Address	2215 N. MILITARY TRAIL STE O
City-State-Zip:	WEST PALM BEACH FL 33409

Title	VP
Name	LESLIE, EWAN
Address	2215 N. MILITARY TRAIL STE O
City-State-Zip:	WEST PALM BEACH FL 33409

Title	TREA
Name	LISTHROP, NICHOLA
Address	2215 N. MILITARY TRAIL STE O
City-State-Zip:	WEST PALM BEACH FL 33409

Title	SECY
Name	LISTHROP, NICHOLA
Address	2215 N. MILITARY TRAIL STE O
City-State-Zip:	WEST PALM BEACH FL 33409

*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:** EWAN LESLIE

PRESIDENT

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date