

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000047211

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC2300727849**

**Entity Name:** HEALTHPORT SERVICES (JAMAICA) INC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD  
1214  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD  
1214  
AVENTURA, FL 33180 US

**FEI Number:** 46-2886247

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N ROCKY POINT DR  
150A  
TAMPA, FL 33607 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:** BILL HAVRE

02/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FINKEL, IDALYN  
Address 3029 NE 188TH ST  
404  
City-State-Zip: AVENTURA FL 33180

Title D  
Name STEWART, SONIA E  
Address 3029 NE 188TH ST  
404  
City-State-Zip: AVENTURA FL 33180

*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:** IDALYN FINKEL

**PRESIDENT**

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date