

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000047211

**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:**

FINKEL, IDALYN  
20533 BISCAYNE BLVD  
1214  
AVENTURA, FL 33180 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:** IDALYN FINKEL

04/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           FINKEL, IDALYN  
Address        3029 NE 188TH ST  
                  403  
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

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date