

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S37463

**Entity Name:** FAITH HEALTH CARE, INC.

**Current Principal Place of Business:**

11401 SW 40TH ST - SUITE 250  
MIAMI, FL 33165

**Current Mailing Address:**

11401 SW 40TH ST - SUITE 250  
MIAMI, FL 33165 US

**FEI Number:** 65-0252886

**Certificate of Status Desired:** No

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

SINO, ALEX  
11401 SW 40TH ST - SUITE 250  
MIAMI, FL 33165 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 DP  
Name SINO, ALEX  
Address 11401 SW 40TH ST - SUITE 250  
City-State-Zip: MIAMI FL 33165

Title CEO  
Name SINO, ALEX  
Address 11401 SW 40TH ST - SUITE 250  
City-State-Zip: MIAMI FL 33165

Title DS  
Name FISHMAN, GREGORY  
Address 11401 SW 40TH ST - SUITE 250  
City-State-Zip: MIAMI FL 33165

Title D  
Name KIRITCHENKO, IZABELLA  
Address 11401 SW 40TH ST - SUITE 250  
City-State-Zip: MIAMI FL 33165

Title D  
Name KIRITCHENKO, LIDIA  
Address 11401 SW 40TH ST - SUITE 250  
City-State-Zip: MIAMI FL 33165

*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:** ALEX SINO

**PRESIDENT/CEO**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date