

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000913

FILED
Mar 16, 2011
Secretary of State

Entity Name: VIERA CENTER FOR FAMILY HEALTH, INC.

Current Principal Place of Business:

777 EAST 25 STREET
118
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

777 EAST 25 STREET
118
HIALEAH, FL 33013

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VIERA, LIZ Y
9205 BYRON AVENUE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: VIERA, AMADO MD
Address: 777 EAST 25 STREET, SUITE 118
City-St-Zip: HIALEAH, FL 33013

Title: VP
Name: VIERA, LIZ Y
Address: 9205 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33013

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIZ Y. VIERA

VP

03/16/2011

Electronic Signature of Signing Officer or Director

Date