

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044680

Entity Name: WESTVIEW MEDICAL SERVICES, INC

FILED  
May 01, 2010  
Secretary of State

## Current Principal Place of Business:

8045 NW 36 ST  
STE 500  
DORAL, FL 33166

## New Principal Place of Business:

8045 NW 36 ST  
STE 535  
DORAL, FL 33166

## Current Mailing Address:

8045 NW 36 ST  
STE 500  
DORAL, FL 33166

## New Mailing Address:

8045 NW 36TH ST  
STE 535  
DORAL, FL 33166

FEI Number: 27-1963048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, HUMBERTO J  
8045 NW 36 ST  
STE 500  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

VALDES, HUMBERTO J  
8045 NW 36 ST  
STE 535  
DORAL, FL 33166 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: HUMBERTO J VALDES

05/01/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: VALDES, HUMBERTO J  
Address: 8045 NW 36 ST, STE 535  
City-St-Zip: DORAL, FL 33166

Title: P  
Name: DIAZ, LEIDY  
Address: 8045 NW 36 ST, STE 535  
City-St-Zip: DORAL, FL 33166

Title: P  
Name: DIAZ, LEIDY  
Address: 8045 NW 36 ST, STE 535  
City-St-Zip: DORAL, FL 33166

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: HUMBERTO J VALDES

D

05/01/2010

Electronic Signature of Signing Officer or Director

Date