2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P09000044680

Entity Name: WESTVIEW MEDICAL SERVICES, INC

Current Principal Place of Business:

8045 NW 36 ST
STE 535
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8045 NW 36TH ST
STE 535
DORAL, FL 33166

New Mailing Address:

FEI Number: 27-1963048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, LEIDY
8045 NW 36 ST
STE 535
DORAL, FL 33166 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: D
Name: MIRANDA, LIGIA
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: LIGIA MIRANDA D 04/29/2011

Electronic Signature of Signing Officer or Director — Date