

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000017

Entity Name: SALEYMA HEALTH MED WAIVER SERVICES, INC.**Current Principal Place of Business:**1302 SW PAAR DRIVE
PORT ST LUCIE, FL 34953**Current Mailing Address:**1302 SW PAAR DRIVE
PORT ST LUCIE, FL 34953**FEI Number:** 30-0761217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDRE, FRITZ M.
1302 SW PAAR DRIVE
PORT ST LUCIE, FL 34953 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:** FRITZ MASSON ALEXANDRE

09/01/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PCEO
Name	ALEXANDRE, FRITZ M.
Address	1302 SW PAAR DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	V
Name	JEAN, MARIE EVELYNE
Address	717 EAST 88TH STREET
City-State-Zip:	BROOKLYN NY 11236

Title	T
Name	MILDOR, MARSHA
Address	830 NW 135TH STREET
City-State-Zip:	N MIAMI FL 33168

Title	S
Name	ST HILAIRE, MONICA
Address	1258 SW EMPIRE STREET
City-State-Zip:	PORT ST LUCIE FL 34983

Title	TR
Name	ALEXANDRE, SAMANTHA A
Address	1302 SW PAAR DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TR
Name	ALEXANDRE, QUEENIE E.F. A
Address	1302 SW PAAR DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

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: FRITZ MASSON ALEXANDRE

PCEO

09/01/2013

Electronic Signature of Signing Officer/Director Detail

Date