2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2014
Secretary of State
CC8876346610

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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 04/18/2014

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 M. ALEXANDRE PCEO 04/18/2014

Electronic Signature of Signing Officer/Director Detail — Date