

**2015 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

04/17/2015

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 VP/CEO  
Name SAINT-FORT, ESTHER  
Address 1302 SW PAAR DRIVE  
City-State-Zip: PORT ST LUCIE FL 34953

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

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

Title TRUSTEE  
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

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date