

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000009969

**Entity Name:** WEST DADE COMMUNITY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

14740 SW 26 STREET, SUITE 101  
MIAMI, FL 33185

**Current Mailing Address:**

14740 SW 26 STREET  
SUITE 101  
MIAMI, FL 33185 US

**FEI Number:** 47-2231550

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATTIA, ANTONIO  
185 SW 130 AVENUE  
MIAMI, FL 33184 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: ANTONIO MATTIA

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name MATTIA, ANTONIO  
Address 14740 SW 26 STREET, SUITE 107  
City-State-Zip: MIAMI FL 33185

*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: RICARDO MUALIN

V.P.

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date