

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L59475

**Entity Name:** COMPASS HEALTH SYSTEMS, P.A.

**Current Principal Place of Business:**

1065 NE 125 ST  
300  
N MIAMI, FL 33161

**Current Mailing Address:**

1065 NE 125 ST  
409  
N MIAMI, FL 33161 US

**FEI Number:** 65-0199979

**Certificate of Status Desired:** No

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

SEGAL, SCOTT  
1065 NE 125TH STREET, SUITE 300  
NORTH MIAMI, FL 33161 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:** SCOTT SEGAL

01/17/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCOTT, SEGAL  
Address 1065 NE 125TH STREET, 300  
City-State-Zip: NORTH MIAMI FL 33161

*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:** SCOTT SEGAL

**PRESIDENT/CEO**

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date