

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000066623

**Entity Name:** CITY HEALTH, INC.

**Current Principal Place of Business:**

1401 S.W. 1ST STREET  
SUITE 101  
MIAMI, FL 33135

**Current Mailing Address:**

975 IBIS AVE  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 65-1030337

**Certificate of Status Desired:** No

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

CABRERA, ANIANO N  
975 IBIS AVENUE  
MIAMI SPRINGS, FL 33166 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            CABRERA, ANIANO N  
Address        975 IBIS AVE  
City-State-Zip: MIAMI SPRINGS FL 33166-3211

*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:** ANIANO N CABRERA

D

03/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date