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.

PD

SIGNATURE: LEIBYS CONTRERAS

Electronic Signature of Signing Officer/Director Detail

2013	FLORIDA	PROFIT	CORPORATION	AMENDED	ANNUAL REPORT	

DOCUMENT# P03000143773

Entity Name: HUMANITY HEALTH MEDICAL CENTER INC.

Current Principal Place of Business:

8660 W FLAGLER STREET SUITE 105 MIAMI, FL 33144

Current Mailing Address:

8660 W FLAGLER STREET SUITE 105 MIAMI, FL 33144 US

FEI Number: 54-2136674

Name and Address of Current Registered Agent:

CONTRERAS, LEIBYS PR 8660 W FLAGLER STREET SUITE 105 MIAMI, FL 33144 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	LEIBYS CONTRERAS			
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title	SECRETARY	Title	VP	
Name	LOPEZ, RICARDO	Name	DE XIMENO, JOSE M	
Address	8660 W FLAGLER STREET	Address	8660 W FLAGLER STREET, #105	
	SUITE 105	City-State-Zip:	MIAMI FL 33144	
City-State-Zip:	MIAMI FL 33144	City-State-Zip.		
Title	PRESIDENT			
Name	CONTRERAS, LEIBYS			
Address	8660 W FLAGLER STREET SUITE 105			
City-State-Zip:	MIAMI FL 33144			

FILED Sep 16, 2013 Secretary of State CC5334192111

Certificate of Status Desired: No

09/16/2013 Date