## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000041745

Entity Name: WILFREDO NURSING, CORP.

**Current Principal Place of Business:** 

19403 NW 82 PL HIALEAH. FL 33015

**Current Mailing Address:** 

19403 NW 82 PL

HIALEAH. FL 33015 US

FEI Number: 26-2482123 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIMA, WILFREDO 19403 NW 82 PL HIALEAH, FL 33015 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: WILFREDO LIMA 02/11/2013

Electronic Signature of Registered Agent

Date

FILED Feb 11, 2013

**Secretary of State** 

CC7679423928

## Officer/Director Detail:

Title F

Name LIMA, WILFREDO
Address 19403 NW 82 PL
City-State-Zip: HIALEAH FL 33015

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: WILFREDO LIMA