

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033688

**Entity Name:** WEST DIXIE HEALTH CENTER, INC.

**Current Principal Place of Business:**

703 S DIXIE HIGHWAY W  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

703 S DIXIE HIGHWAY W  
POMPANO BEACH, FL 33060

**FEI Number:** 26-4663260

**Certificate of Status Desired:** No

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

LAVENTURE, MARIE I  
703 S DIXIE HIGHWAY W  
POMPANO BEACH, FL 33060 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 P  
Name LAVENTURE, MARIE I  
Address 703 S DIXIE HIGHWAY W  
City-State-Zip: POMPANO BEACH FL 33060

*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:** MARIE I LAVENTURE

**PRESIDENT/CEO**

**02/06/2019**

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

\_\_\_\_\_  
Date