

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067452

Entity Name: RM HIALEAH HEALTH ASSOCIATES INC.

Current Principal Place of Business:

3752 W 12 AVE
HIALEAH, FL 33012

Current Mailing Address:

3752 W 12 AVE
HIALEAH, FL 33012 US

FEI Number: 80-0463467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITJANS, MADELYN MD
15620 SW 77 CT
MIAMI, FL 33157 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 MITJANS, MADELYN M
Address 15620 SW 77 CT
City-State-Zip: MIAMI FL 33157

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: MADELYN MITJANS

PD

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date