

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000015886

**Entity Name:** NATIONAL HEALTHCARE INSTITUTE, INC.**Current Principal Place of Business:**9456 SW 77 AVENUE  
SUITE T-1  
MIAMI, FL 33156**Current Mailing Address:**1304 LISBON STREET  
CORAL GABLES, FL 33134 US**FEI Number:** 27-1961136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPOS, DANIEL L  
9456 SW 77 AVENUE  
SUITE T-1  
MIAMI, FL 33156 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	PRESIDENT
Name	CARDAMA, MARIA P
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	PUPO, ADA C
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

Title	TREASURER
Name	QUINONES, MARIA E
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

Title	SECRETARY
Name	SOBERATS, MARIA
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

Title	CEO
Name	LAHMANN, FELIX F
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

Title	LEAD NURSE PLANNER
Name	CAMPOS, DANIEL L
Address	9456 SW 77 AVENUE SUITE T-1
City-State-Zip:	MIAMI FL 33156

*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:** DANIEL LAZARO CAMPOS**LEAD NURSE PLANNER****04/17/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date