

2014 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 TREASURER
Name QUINONES, MARIA E
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 VP
Name PUPO, ADA C
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 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: FELIX F. LAHMANN

CEO

04/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date