

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063704

**Entity Name:** DIRECT HELPERS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

425 WEST 51 PLACE  
HIALEAH, FL 33012

**Current Mailing Address:**

425 WEST 51 PLACE  
HIALEAH, FL 33012 US

**FEI Number:** 27-3185827

**Certificate of Status Desired:** No

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

RODRIGUEZ, AILEEN HAYDEE  
425 WEST 51 PLACE  
HIALEAH, FL 33012 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:** AILEEN H RODRIGUEZ

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PSTD	Title	VPD
Name	RODRIGUEZ, AILEEN H	Name	LOSA, JUSTO LUIS
Address	425 WEST 51 PLACE	Address	425 WEST 51TH PL
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** AILEEN RODRIGUEZ

**PRESIDENT**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date