

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103128

**Entity Name:** PORT HEALTH, CORP.

**Current Principal Place of Business:**

11143 NW 78 STREET  
MIAMI, FL 33178

**Current Mailing Address:**

11143 NW 78 STREET  
MIAMI, FL 33178

**FEI Number: 27-4368262**

**Certificate of Status Desired: No**

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

PARRA, BELARMINO  
11143 NW 78 STREET  
MIAMI, FL 33178 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 PD  
Name PARRA, BELARMINO  
Address 11143 NW 78 STREET  
City-State-Zip: MIAMI FL 33178

*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: BELARMINO PARRA**

**PRESIDENT**

**04/02/2014**

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

\_\_\_\_\_ Date