

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000045391

**Entity Name:** ABEL HERNANDEZ NURSING CORP

**Current Principal Place of Business:**

10700 SW 109 CT  
226  
MIAMI, FL 33176

**Current Mailing Address:**

10700 SW 109 CT  
226  
MIAMI, FL 33176

**FEI Number:** 46-2826308

**Certificate of Status Desired:** Yes

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

HERNANDEZ, ABEL  
10700 SW 109 CT  
MIAMI, FL 33176 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 P  
Name HERNANDEZ, ABEL  
Address 10700 SW 109 CT  
City-State-Zip: MIAMI FL 33176

*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:** ABEL HERNANDEZ

PRE

02/16/2014

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

\_\_\_\_\_  
Date