

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000069342

**Entity Name:** HAMMOCKS TRAUMA CENTER, INC.

**Current Principal Place of Business:**

7801 CORAL WAY SUITE 106  
MIAMI, FL 33155

**Current Mailing Address:**

7801 CORAL WAY SUITE 106  
MIAMI, FL 33155

**FEI Number:** 65-0856801

**Certificate of Status Desired:** No

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

ANGELES, BETTY MARENA  
7801 CORAL WAY SUITE 106  
MIAMI, FL 33155 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            DIRECTOR  
Name            ANGELES, BETTY MARENA  
Address        7801 CORAL WAY SUITE 106  
City-State-Zip: MIAMI FL 33155

Title            DIRECTOR  
Name            SUAREZ LA ROSA, ROXANA  
Address        7801 CORAL WAY SUITE 106  
City-State-Zip: MIAMI FL 33155

*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:** ROXANA SUAREZ LA ROSA

**DIRECTOR**

**05/06/2013**

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

\_\_\_\_\_  
Date