

2013 FLORIDA PROFIT CORPORATION 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 PVST
Name ANGELES, BETTY MARENA
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: ANGELES BETTY MARENA

PRESIDENT

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date