

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S82250

**Entity Name:** HIALEAH MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

8074 N.W 103 ST  
#20  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

8074 N.W 103 ST  
#20  
HIALEAH GARDENS, FL 33016 US

**FEI Number:** 65-0291876

**Certificate of Status Desired:** No

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

GONZALEZ, HEIDI  
8074 N.W. 103 STREET  
SUITE 20  
HIALEAH GARDENS, FL 33016 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 GONZALEZ, HEIDI  
Address 8074 N.W. 103 STREET #20  
City-State-Zip: HIALEAH GARDENS FL 33016

*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:** HEIDI GONZALEZ

**PRESIDENT**

**01/16/2017**

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

\_\_\_\_\_  
Date