

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59475

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: COMPASS HEALTH SYSTEMS, P.A.

**Current Principal Place of Business:**

1065 NE 125 ST  
409  
N MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

1065 NE 125 ST  
409  
N MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 65-0199979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JELONEK, DENISE  
ATTN: DENISE JELONEK  
1065 NE 125 ST., SUITE 409  
N. MIAMI, FL 33161 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCOTT, SEGAL  
Address: 1065 NE 125TH STREET, # 409  
City-St-Zip: NORTH MIAMI, FL 33161 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT SEGAL

P

02/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date