

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004573

FILED
Apr 05, 2007
Secretary of State

Entity Name: FOUNDATION HEALTH SERVICES, INC.

Current Principal Place of Business:

901 NW 17TH PL STE G
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

901 NW 17TH PL STE G
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-4895697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
ONE BUSCAYNE TOWER 21ST FL
2 S BISCAYNE BLVD
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERRELL, MILTON M JR.
Address: 201 S BISCAYNE BLVD 34TH FL
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DIMOND, ALAN T
Address: 1221 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GOLDSCHMIDT, PASCAL
Address: 1600 NW 10TH AVE STE 1143A
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: O'QUINN, MARVIN
Address: 1611 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: CAREY-SHULER, BARBARA
Address: 720 NE 69TH ST
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: PLANAS, CARLOS
Address: 8250 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLANDO D. RODRIGUEZ

MR.

04/05/2007

Electronic Signature of Signing Officer or Director

Date