

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004573

FILED  
Mar 19, 2010  
Secretary of State

Entity Name: FOUNDATION HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1500 NW 12 AVE  
STE 829  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NW 12 AVE  
STE 829  
MIAMI, FL 33136

**New Mailing Address:**

901 NW 17 ST  
STE  
MIAMI, FL 33136

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 BISCAYNE 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: C  
Name: DIMOND, ALAN T  
Address: 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: T  
Name: CARRICARTE, MICHAEL  
Address: 8770 SUNSET DR NO 531  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: RODRIGUEZ, ROLANDO D  
Address: 901 NW 17 STREE STE G  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: CONESE, EUGENE  
Address: 650 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

Title: S  
Name: KAISER, GERALD  
Address: 1611 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLANDO RODRIGUEZ

CEO

03/19/2010

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

\_\_\_\_\_  
Date