## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000083331

Address:

City-St-Zip:

1812 LAKE HILL CIRCLE

ORLANDO, FL 32818

Entity Name: ALMARK HEALTH SERVICES INC.

FILED Mar 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	.EWOOD DRI GARDEN, FL				
Current Mailing Address:			New Mailing Address:		
	EWOOD DRI GARDEN, FL				
FEI Number	: 11-3701500	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	E, TEXUS ELWOOD DRI GARDEN, FL				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WALLACE, TE 13920 EYLEW		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	,	) Delete RILYN M ASST.	Title: Name:	( ) Change ( ) Addition	

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: TEXUS WALLACE ADMI 03/07/2009