

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095754

Entity Name: A.M.B. HEALTH SERVICES INC.

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

6539 W FLAGLER STREET
#9
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6539 W FLAGLER STREET
#9
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-3967340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPORTO, ABEL
6539 W FLAGLER STREET
#9
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OPORTO, ABEL
Address: 6539 W FLAGLER STREET, #9
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: OPORTO, ABEL JR
Address: 6539 W FLAGLER STREET, #9
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:

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

SIGNATURE: ABEL OPORTO

P

06/29/2006

Electronic Signature of Signing Officer or Director

Date