

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156798

Entity Name: A & B HEALTH SERVICES INC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

1055 WEST 29 STREET
SUITE # 1
HIALEAH, FL 33012

Current Mailing Address:

1055 WEST 29 STREET
SUITE # 1
HIALEAH, FL 33012

New Principal Place of Business:

1051 WEST 29 STREET
SUITE # 2
HIALEAH, FL 33012

New Mailing Address:

1051 WEST 29 STREET
SUITE # 2
HIALEAH, FL 33012

FEI Number: 20-8163745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ- PENA, BARBARA
159 SE 9 AVENUE
HIALEAH, FL 33010 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: GONZALEZ-PENA, BARBARA
Address: 159 SE 9 AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: VP () Delete
Name: CASTRO, ANA Z
Address: 1001 WEST 30 STREET
City-St-Zip: HIALEAH,, FL 33012

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 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: BARBARA GONZALEZ-PENA

P

02/11/2008

Electronic Signature of Signing Officer or Director

Date