2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P08000107087

Entity Name: DANEL HEALTH SERVICES INC

Current Principal Place of Business:

4694 PALM AVENUE
UNIT 202 B
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4694 PALM AVENUE
UNIT 202 B
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 38-3793400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, REGENCY
4694 PALM AVENUE
UNIT 202 B
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CRUZ, REGNERY
4694 PALM AVENUE
UNIT 202 B
HIALEAH, FL 33012 US

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: REGNERY CRUZ 02/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRUZ, REGENCY
Address: 4694 PALM AVE UNIT 202B
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRUZ, REGNERY
Address: 4694 PALM AVE UNIT 202B
City-St-Zip: HIALEAH, FL 33012

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: REGNERY CRUZ PD 02/06/2009
Electronic Signature of Signing Officer or Director Date