

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010790

**Entity Name:** NEO-HEALTH SERVICES, INC.

**Current Principal Place of Business:**

301 W. PAR STREET  
ORLANDO, FL 32804

**Current Mailing Address:**

301 W. PAR STREET  
ORLANDO, FL 32804

**FEI Number:** 65-0982971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLTZMAN, SANDRA R  
301 W. PAR STREET  
ORLANDO, FL 32804 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            T  
Name            HOLTZMAN, SANDRA R  
Address        301 W PAR STREET  
City-State-Zip: COCONUT CREEK FL 32804

Title            VP  
Name            REIFF, ANDREW M  
Address        308 MINT HILL DRIVE  
City-State-Zip: CARY NC 27519

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

**SIGNATURE: SANDRA R. HOLTZMAN**

**TREASURER**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date