

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034840

Entity Name: ASSISTING HEALTH SERVICES, INC.

Current Principal Place of Business:

2148 HACIENDA TERRACE
WESTON, FL 33327

Current Mailing Address:

2148 HACIENDA TERRACE
WESTON, FL 33327

FEI Number: 51-0674138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIMENEZ, OTONIEL P
2148 HACIENDA TERRACE
WESTON, FL 33327 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	PT	Title	VPS
Name	JIMENEZ, OTONIEL P	Name	RIVERA, LEDA M
Address	2148 HACIENDA TERRACE	Address	2148 HACIENDA TERRACE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

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: OTONIEL JIMENEZ

PRESIDENT

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date