

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017949

**Entity Name:** MEDICAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1401 EAST 4TH AVENUE  
104  
HIALEAH, FL 33010

**Current Mailing Address:**

1401 EAST 4TH AVENUE  
104  
HIALEAH, FL 33010

**FEI Number:** 65-0343816

**Certificate of Status Desired:** No

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

ALVAREZ, ROSALIA  
2914 NW 98TH PLACE  
DORAL, FL 33172 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	P,T	Title	VP, S
Name	ALVAREZ, ROSALIA Y	Name	ALVAREZ, JORGE G
Address	2914 NW 98TH PLACE	Address	2914 NW 98TH PLACE
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** JORGE ALVAREZ

**VICE PRESIDENT**

**03/21/2015**

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

\_\_\_\_\_  
Date