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: ROSALIA ALVAREZ

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: MEDICAL HEALTH SERVICES, INC.

2914 NW 98TH PLACE DORAL, FL 33172 US

SIGNATURE:

104 HIALEAH, FL 33010

1401 EAST 4TH AVENUE

Current Mailing Address:

DOCUMENT# P11000017949

Current Principal Place of Business:

1401 EAST 4TH AVENUE 104 HIALEAH, FL 33010

FEI Number: 65-0343816

ALVAREZ, ROSALIA

FILED Mar 23, 2013 Secretary of State CC6293180272

Certificate of Status Desired: No

03/23/2013

Date