2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000003206

Entity Name: AIM HEALTHCARE SERVICES, INC

FILED Sep 21, 2009 Secretary of State

	7 (114) 1 127 (2	THO WE OF WIELD, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1021 WINDCROSS CT. FRANKLIN, TN 370672678				1021 WINDCROSS COURT FRANKLIN, TN 37067			
Current Mailing Address:				New Mailing Address:			
1021 WINDCROSS CT. FRANKLIN, TN 370672678				1021 WINDCROSS COURT FRANKLIN, TN 37067			
FEI Number: 62-1451147 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Ag	ent:
1200 SOUT PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US				· · · · ·	
	named entity s e of Florida.	submits this statement for the pu	ırpose o	r changing it	is registerea o	oπice or registered a	gent, or both,
SIGNATUF		ic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SOHR, JAMES 2002 TYNE BLV NASHVILLE, TN			Title: Name: Address: City-St-Zip:	PRES (X SOHR, JAMES 1021 WINDCRO FRANKLIN, TN	OSS COURT	
Title: Name: Address: City-St-Zip:	HALEY, CARL	Delete USE HOLLOW RD 37064		Title: Name: Address: City-St-Zip:	VP (X VALENTA, LEE 12125 TECHNO EDEN PRAIRIE	DLOGY DRIVE	
Title: Name: Address: City-St-Zip:	ST () NOWERS, BUR 9570 JOCKEY (BRENTWOOD,	CLUB LANE		Title: Name: Address: City-St-Zip:	SECY (X NOWERS, BUF 1021 WINDCRO FRANKLIN, TN	OSS COURT	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIR () SOHR, JAMES 1021 WINDCRO FRANKLIN, TN	OSS COURT	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CEO () SLAVITT, ANDR 12125 TECHNO EDEN PRAIRIE	DLOGY DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ASEC () SPICOLA, BRIO 12125 TECHNO EDEN PRAIRIE	DLOGY DRIVE	

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: BRIGID M. SPICOLA ASEC 09/21/2009