2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 AF Secretary of State

ANNUAL REPORT				Secretary of Stat			
DOCUMENT # J45827					~	corecury or zero	
1. Entity Name ABERDEEN HEALTH SERVICE, INC.				}			
ABERDEL	EN REALTH SERVICE, INC.						
Principal Place	of Business	Mailing Address	1				
11411 PIPING ROCK DR 11411 PIPING ROCK DR.			4005 110				
BOANTON BE	ACH, FL 33437-1635 US	BOYNTON BEACH, FL 33437-	1635 US		•		
					ORT OSSUE INSTRUCÇUEL TÖÖJ	MINST 41201 01001 01015 01015 01012001 15 1000	
_			03042008	No Chg-P	CR2E034 (11/05)		
D	O NOT WRITE	CE	4. FEI Number		Applied For		
			59-27494	137	Not Applicable		
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	5. Name and Address of Current Re	gistered Agent					
	S, LARRY M.		DO N	W TO	RITE		
500 AUSTI SUITE 800	RALIAN AVE S.						
WEST PALM BEACH, FL 33401				IN I	HIS SP	ACE	
	named entity submits this statement for t	ne purpose of changing its register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am familiar with, and accept	
іле оріідац	ions of registered agent.	1			7.	10.00	
SIGNATURE_	Signature Typeg or printed name of registered agent and	Hitle if applicable UNOTE: Registere	d Agent signature required	when reinstating)	<u> </u>	-18-08 DATE	
		Election Campaign Finar	ncina 🗚	00			
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	T		.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	-				
TITLE NAME	PSD BERNSTEIN, SEYMOUR				IJ	000000000	
STREET ADDRESS	11411 PIPING ROCK DR		•	,	U00000865379 04/07/08-80026-011 150.		
CITY-ST-ZIP	BOYNTON BEACH, FL		-			A*T T******************************	
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			_				
TITLE NAME							
STREET ADDRESS			٠,	DO I	W TOP	RITE	
CITY-ST-ZIP TITLE							
NAME				IN I	HIS SF	ACE	
STREET ADORESS							
CITY-ST-ZIP			1				
NAME			·				
STREET ADDRESS							
CITY-ST-ZIP TITLE							
11100	İ						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

Slymow Sandlein
Signature any typed on printed name of signing officer or director

3-18-08

Daytime Phone #