

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45827

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** ABERDEEN HEALTH SERVICE, INC.

**Current Principal Place of Business:**

11411 PIPING ROCK DR  
BOYNTON BEACH, FL 334371635 US

**New Principal Place of Business:**

**Current Mailing Address:**

11411 PIPING ROCK DR.  
BOYNTON BEACH, FL 334371635 US

**New Mailing Address:**

11411 PIPING ROCK DR  
BOYNTON BEACH, FL 334371635 US

**FEI Number:** 59-2749437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESCHES, LARRY M.  
500 AUSTRALIAN AVE S.  
SUITE 800  
WEST PALM BEACH, FL 33401 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BERNSTEIN, SEYMOUR,  
Address: 11411 PIPING ROCK DR  
City-St-Zip: BOYNTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: BERNSTEIN, SEYMOUR PRES  
Address: 11411 PIPING ROCK DR  
City-St-Zip: BOYNTON BEACH, FL 334371635 PB

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: SEYMOUR BERNSTEIN

PRES

02/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date