

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25698

FILED
Feb 17, 2009
Secretary of State

Entity Name: A & B HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

16100 NW 2ND AVE
MIAMI, FL 331696504 US

New Principal Place of Business:

Current Mailing Address:

16100 NW 2ND AVE
MIAMI, FL 331696504 US

New Mailing Address:

FEI Number: 65-0080084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN-GADISH, HELAYNE
16100 NW 2ND AVE.
MIAMI, FL 33169 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: PD () Delete
Name: STERN, HELAYNE
Address: 16100 NW 2ND AVE.
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: STERN-DEN HOLLANDER, SUZANNE
Address: 21 EAST 22ND ST, AA 12 E-H
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HELAYNE STERN

PD

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date