

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25698

FILED  
Jan 26, 2012  
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, 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

**OFFICERS AND DIRECTORS:**

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

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

Title: SECY  
Name: JACQUELINE, CURBELO  
Address: 16100 NW 2 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: TR  
Name: RACHAEL, FREEDMAN MEISE  
Address: 16100 NW 2 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: HELAYNE STERN

PD

01/26/2012

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

\_\_\_\_\_ Date