2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# K58842

Entity Name: H & M HEALTH SERVICES, INC.

Current Principal Place of Business:

4125 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4125 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0101727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, ABE A
20401 NW, STE. 206
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: D ( ) Delete
Name: HEWETT, KEVIN
Address: 16311 N.W. 8TH DRIVE
City-St-Zip: PEMBROKE PINES, FL

Title: SD ( ) Delete
Name: HEWETT, LORNA
Address: 16311 NW 8TH DR
City-St-Zip: PEMBROKE PINES, FL

Title: TD ( ) Delete
Name: HENDRICKS, VERNON
Address: 9781 SW, 147 ST.
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: VENDRYES, CHRISTOPHER DR.
Address: 7980 SW 68 TERR.
City-St-Zip: MIAMI, FL 33143

Title: P ( ) Delete
Name: HEWETT, AUDLEY
Address: 16311 NW 8TH DR.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: AUDLEY HEWETT P 02/15/2006

Electronic Signature of Signing Officer or Director Date