

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58842

FILED  
Feb 19, 2010  
Secretary of State

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  
Name: HEWETT, KEVIN  
Address: 16311 N.W. 8TH DRIVE  
City-St-Zip: PEMBROKE PINES, FL

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

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

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

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

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: AUDLEY HEWETT

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date