

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91887

FILED
Apr 24, 2009
Secretary of State

Entity Name: EAGLE HEALTH SERVICE CORPORATION

Current Principal Place of Business:

8600 NW SOUTH RIVER DR
SUITE 243
MEDLEY, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8600 NW SOUTH RIVER DR
SUITE 243
MEDLEY, FL 33166 US

New Mailing Address:

FEI Number: 65-0211103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTOMENE, GUILLERMINA
315 S.W. 96TH COURT
MIAMI, FL 33174 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: VP () Delete
Name: PORTOMENE, MIGUEL A.
Address: 315 SW 96 CT
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MIGUEL PORTOMENE

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date