2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54569

FILED Apr 11, 2008 Secretary of State

Entity Name: HEALTH SERVICES MANAGEMENT, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4500 ISLA MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4500 ISLA MIAMI, FL					
FEI Number	: 59-2816149	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4500 ISLA	I, VALERA ND ROAD 33137 US				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () JACKSON, VAL 4500 ISLAND R MIAMI, FL 331:	D	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: VALERA JACKSON PD 04/11/2008