

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005477

FILED
Feb 13, 2012
Secretary of State

Entity Name: DOS HEALTH SERVICES, INC.

Current Principal Place of Business:

300 - 71ST STREET.
STE, 410
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

300 - 71ST STREET.
STE, 410
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-0059297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL J. SCHILESINGER, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI, FL 33131 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: D
Name: HERNANDO, JORGE A
Address: 300 - 71ST ST.
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: HERNANDO, EDUARDO R
Address: 300 - 71ST ST.
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: ANTONACCI, NICOLAS C
Address: 300 - 71ST ST.
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: ANDRADE, CARLOS
Address: 300 - 71ST ST.
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: RUSTAN, PETER
Address: 300 - 71ST ST.
City-St-Zip: MIAMI BCH, FL 33141

Title: D
Name: HERNANDO, JORGE R
Address: 300 - 71ST ST., STE. 410
City-St-Zip: MIAMI BCH, FL 33141

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE R. HERNANDO

D

02/13/2012

Electronic Signature of Signing Officer or Director

Date