## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000070648

Title:

Name:

Address:

City-St-Zip:

FILED Jun 16, 2009 Secretary of State

Entity Nam	ne: RHE MANAGEMENT SERVICES, INC.	
Current Pr	incipal Place of Business:	New Principal Place of Business:
11904 MIRAMAR PKWY MIRAMAR, FL 33025		17913 NW 7TH STREET 103 PEMBROKE PINES, FL 33029
Current Mailing Address:		New Mailing Address:
11904 MIRA MIRAMAR,	AMAR PKWY FL 33025	17913 NW 7TH STREET 103 PEMBROKE PINES, FL 33029
FEI Number:	65-1026242 FEI Number Applied For ( ) FEI I	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
RIOS, ELSA 11904 MIRA MIRAMAR,	AMAR PKWY	PADRON, HUMBERTO 17913 NW 7TH STREET 103 PEMBROKE PINES, FL 33029 US
The above in the State		e of changing its registered office or registered agent, or both,
SIGNATUR	E: HUMBERTO PADRON	06/16/2009
	Electronic Signature of Registered Agent	Date
	e with s. 607.193(2)(b), F.S., the corporation did not receivipaign Financing Trust Fund Contribution ( ).	ve the prior notice.
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete PADRON, HUMBERTO 629 SILVER BIRCH PL LONGWOOD, FL 32750	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PADRON, ENRIQUE 629 SILVER BIRCH PL LONGWOOD, FL 32750	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	D ( ) Delete PADRON, RICARDO 629 SILVER BIRCH PL	Title: ( ) Change ( ) Addition Name: Address:
City-St-Zip:	LONGWOOD, FL 32750	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HUMBERTO PADRON PD 06/16/2009

( ) Delete

TOLEDO, JORGE

MIAMI, FL 33196

11532 SW 152ND PLACE

() Change () Addition