

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000100367

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ABACUS HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

6423 COLLINS AVE  
1008  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

6423 COLLINS AVE  
1008  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

**FEI Number:** 65-1051676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, EDDY F PRES  
6423 COLLINS AVE  
APT 1008  
MIAMI BEACH, FL 33141 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: P  
Name: FERNANDEZ, EDDY F PRESIDE  
Address: 6423 COLLINS AVE APT 1008  
City-St-Zip: MIAMI BEACH, FL 33135 US

Title: SEC  
Name: FERNANDEZ, SUSAN P SECRETA  
Address: 6423 COLLINS AVE APT 1008  
City-St-Zip: MIAMI BEACH, FL 33135 US

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: EDDY F. FERNANDEZ

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date