2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120292

Entity Name: MONTEREY MEDICAL HEALTH SERVICES INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1050 S.E. MONTEREY ROAD 931 S.E.OCEAN BLVD. SUITE #202 SUITE A

STUART, FL 34994 STUART, FL 34994

Current Mailing Address: New Mailing Address:

1050 S.E. MONTEREY ROAD P O BOX 746 SUITE #202 STUART, FL 34994

FEI Number: 35-2186278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAMILTON, DONNIE

1050 S.E. MONTEREY ROAD

SUITE #202

STUART, FL 34994 US

HAMILTON, DONNIE

931 S.E. OCEAN BLVD.

SUITE #A

STUART, FL 34994 US

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: 01/17/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. () Delete Title: V.P. (X) Change () Addition

 Name:
 HAMILTON, DONNIE
 Name:
 HAMILTON, DONNIE

 Address:
 1050 SE MONTEREY ROAD #202
 Address:
 931 S.E. OCEAN BLVD.

City-St-Zip: STUART, FL 34994 US City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNIE HAMILTON V.P. 01/17/2007