2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027940

Entity Name: G & A HEALTH SERVICES, INC.

10479 WINDERMERE CHAST BLVD.

GOTHA, FL 34734

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10479 WINDERMERE CHAST BLVD. GOTHA, FL 34734 **Current Mailing Address: New Mailing Address:** 10479 WINDERMERE CHAST BLVD. GOTHA, FL 34734 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUAREZ CABRERA, GONZALO 10479 WINDERMERE CHAST BLVD. GOTHA, FL 34734 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SUAREZ CABRERA, GONZALO Name: Name: 10479 WINDERMERE CHAST BLVD. Address: Address: City-St-Zip: GOTHA, FL 34734 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: ZAMORA, ADRIANA Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GONZALO SUAREZ CABRERA PRES 04/30/2004