

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027940

Entity Name: G & A HEALTH SERVICES, INC.

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

11763 SW 137TH PATH
MIAMI, FL 33186

New Principal Place of Business:

12855 SW 136 AVE
SUITE 224
MIAMI, FL 33186

Current Mailing Address:

11763 SW 137TH PATH
MIAMI, FL 33186

New Mailing Address:

FEI Number: 02-0682778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, GONZALO
11763 SW 137TH PATH
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, GONZALO
Address: 11763 SW 137TH PATH
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: ZAMORA, ADRIANA
Address: 11763 SW 137TH PATH
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: GONZALO SUAREZ

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date