

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076943

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: RAFAEL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

132 MINORCA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

16378 NE 26 AVE  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

132 MINORCA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

16378 NE 26 AVE  
NORTH MIAMI BEACH, FL 33160

FEI Number: 04-3766644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, JOSE E  
132 MINORCA AVENUE  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: BRESLAV, ALEXANDER B  
Address: 17240 NE 19 AVE  
City-St-Zip: MIAMI, FL 33162

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRESLAV, ALEXANDER B  
Address: 16378 NE 26 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: P ( ) Change (X) Addition  
Name: KROYTOR, ELAINE  
Address: 16378 NE 26 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: ALEXANDER BRESLAV

D

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date