

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076943

Entity Name: RAFAEL HEALTH SERVICES, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

16378 NE 26 AVE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

2940 NE 188 ST
SUITE # 107
AVENTURA, FL 33180

Current Mailing Address:

16378 NE 26 AVE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

2940 NE 188 ST
SUITE # 107
AVENTURA, FL 33180

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: 16378 NE 26 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRESLAV, ALEXANDER
Address: 2940 NE 188 ST
City-St-Zip: AVENTURA, FL 33180

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: ALEXANDER BRESLAV

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date