

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082894

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: SAMLAND HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

5740 HOLLYWOOD BLVD SUITE 203  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

7869 PINES BLVD.  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

5740 HOLLYWOOD BLVD SUITE 203  
HOLLYWOOD, FL 33021

## New Mailing Address:

7869 PINES BLVD.  
PEMBROKE PINES, FL 33024

FEI Number: 75-3127519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAMPANG, FLORA L  
5740 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

SAMPANG, FLORA L  
7869 PINES BLVD  
PEMBROKE PINES, FL 33024 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: FLORA L. SAMPANG

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SAMPANG, FLORA  
Address: 4320 MONTROSE AVENUE  
City-St-Zip: CHICAGO, IL 60641

Title: DVP ( ) Delete  
Name: SAMPANG, ALFREDO C  
Address: 4320 MONTROSE AVENUE  
City-St-Zip: CHICAGO, IL 60641

## 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: FLORA L. SAMPANG

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date