

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099619

FILED
Mar 23, 2009
Secretary of State

Entity Name: EBENEZER MEDICAL SERVICES, INC.

Current Principal Place of Business:

6601 SW 8TH ST
SUITE # 4
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

6601 SW 8TH ST
SUITE # 4
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 90-0108464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INFANTE, HANOI
6601 SW 8TH ST
SUITE # 4
MIAMI, FL 33144 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: INFANTE, HANOI
Address: 6601 SW 8TH ST
City-St-Zip: MIAMI, FL 33144 US

Title: ST () Delete
Name: INFANTE, HANOI
Address: 8215 SW 152 AVE
City-St-Zip: MIAMI, FL 33193

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: HANOI INFANTE

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date