

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000099619

**FILED**  
**Aug 09, 2010**  
**Secretary of State**

**Entity Name:** EBENEZER MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

5581 SW 8 ST  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

6601 SW 8 ST  
4  
MIAMI, FL 33144 US

**Current Mailing Address:**

5581 SW 8 ST  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

6601 SW 8 ST  
4  
MIAMI, FL 33144 US

**FEI Number:** 27-3153006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IZQUIERDO, HOMERO  
5581 SW 8TH ST  
CORAL GABLES, FL 33134 US

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

GONZALEZ, ELIAS  
6601 SW 8 ST  
4  
MIAMI, FL 33144 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: ELIAS GONZALEZ

08/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: GONZALEZ, ELIAS  
Address: 6601 SW 8 ST SUITE # 4  
City-St-Zip: MIAMI, FL 33144 US

I hereby 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 all other like empowered.

SIGNATURE: ELIAS GONZALEZ

PDST

08/09/2010

Electronic Signature of Signing Officer or Director

Date