

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000126754

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH SERVICES, INC.

**Current Principal Place of Business:**

20233 NE 16TH PLACE  
NORTH MIAMI, FL 33179 US

**New Principal Place of Business:**

20233 NE 16TH PLACE  
MIAMI, FL 33179 US

**Current Mailing Address:**

20233 NE 16TH PLACE  
NORTH MIAMI, FL 33179 US

**New Mailing Address:**

20233 NE 16TH PLACE  
MIAMI, FL 33179 US

**FEI Number:** 20-0422896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENN, MAARIA  
20429 NE 10TH CT  
MIAMI, FL 33179 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BARKER, ROY  
Address: 20233 NE 16TH PL  
City-St-Zip: MIAMI, FL 33179 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: ROY BARKER

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date