

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003111

1. Entity Name
I.T. HEALTH SERVICES, INC.



FILED

07 JUN 25 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
820 NE 126TH STREET
NORTH MIAMI, FL 33161

Mailing Address
820 NE 126TH STREET
NORTH MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05/14/07 90067 033 4150.00
06192007 Chg-P CR2E034 (12/06)

4. FEI Number

45-0531358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OH, TAEHO
358 N.E 105TH STREET
MIAMI SHORES, FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

12685 Maple Rd.,

North Miami

City

FL

Zip Code

33181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tae Ho

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/18/07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME OH, TAEHO
STREET ADDRESS 358 N.E 105TH STREET
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE VP ☐ Delete
NAME SOTOMAYOR, JOSE A
STREET ADDRESS 5161 COLLINS AVENUE PH F
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12685 Maple Rd.,
CITY-ST-ZIP North Miami, FL 33181

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1970 NE 119th Rd.,
CITY-ST-ZIP North Miami, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tae Ho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/07

Date

Daytime Phone #