

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000003111

**Entity Name:** I.T. HEALTH SERVICES, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

820 NE 126TH STREET  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

820 NE 126TH STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 45-0531358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKO, DAVID E  
3001 SW 3RD AVE  
MIAMI, FL 33129 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:** P  
**Name:** OH, TAEHO  
**Address:** 12685 MAPLE RD.  
**City-St-Zip:** NORTH MIAMI, FL 33181

**Title:** VP  
**Name:** SOTOMAYOR, JOSE A  
**Address:** 1970 NE 119TH RD.  
**City-St-Zip:** NORTH MIAMI, FL 33181

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:** TAEHO OH

P

04/26/2011

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

\_\_\_\_\_  
Date