2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P04000012456

Entity Name: ALEPHZAYN HEALTH SERVICES, INC

Current Principal Place of Business:

7360 W 20 AVE #136
HIALEAH, FL 33016

New Principal Place of Business:

7360 W 20 AVE
#136
HIALEAH, FL 33016

Current Mailing Address:

7360 W 20 AVE #136
HIALEAH, FL 33016

New Mailing Address:

7360 W 20 AVE
#136
HIALEAH, FL 33016

FEI Number: 20-1618557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILIAN, ZEOLIDA
7360 W 20 AVE #136
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

MILIAN, ZEOLIDA
7360 W 20 AVE
#136
HIALEAH, FL 33016 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: 05/01/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MILIAN, ZEOLIDA
Address: 7360 W 20 AVE #139
City-St-Zip: HIALEAH, FL 33016

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: ZEOLIDA MILIAN OWNE 05/01/2012

Electronic Signature of Signing Officer or Director — Date