

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021490

FILED
Apr 14, 2008
Secretary of State

Entity Name: CARIBHEALTH SERVICES INC.

Current Principal Place of Business:

7171 CORAL WAY
404
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7105 SW 8TH ST
SUITE 306
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-0706795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, ARMIN A
7171 CORAL WAY
404
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFONSO, ARMIN A
Address: 7171 CORAL WAY SUITE 404
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMIN A .ALFONSO

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date