2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030199

City-St-Zip: HOLLYWOOD, FL 33021

Entity Name: HEALTH SERVICE ASSOCIATES, INC.

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3700 WAS	HINGTON ST				
	DOD, FL 3302 ⁻				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	HINGTON ST				
SUITE 304 HOLLYWO	1 DOD, FL 3302°				
FEI Number:	: 20-0734157	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
3700 WAS SUITE 304 HOLLYWO	DOOD, FL 330	21 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ORLOWSKY, N	TON ST SUITE 304	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MAJORS, DARI	Delete REN ITON ST SUITE 304	Title: Name: Address:	() Change () Addition	

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: NACHMAN ORLOWSKY PRES 05/02/2008