2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# P04000035212

Entity Name: C&S HEALTH CENTER, INC.

Current Principal Place of Business:

330 SW 27TH AVE.
STE 301
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

330 SW 27TH AVE.
STE 301
MIAMI, FL 33135

New Mailing Address:

FEI Number: 14-1903227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALFONSO, SIXTO H
9925 SW 117 CT
MIAMI, FL 33135 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: PVSD ( ) Delete
Name: ALFONSO, SIXTO H
Address: 9925 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: TD (X) Delete
Name: MOURE, FELIX
Address: 3311 SW 64 AVE.
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SIXTO ALFONSO PVSD 05/15/2007

Electronic Signature of Signing Officer or Director — Date