## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035212

City-St-Zip: MIAMI, FL 33186

Entity Name: C&S HEALTH CENTER, INC.

FILED Apr 28, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
330 SW 2 <sup>-</sup> STE 301 MIAMI, FL			330 SW 27TH AVE. STE 601 MIAMI, FL 33135		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
330 SW 2 <sup>-</sup> STE 301 MIAMI, FL			330 SW 27TH AVE. STE 601 MIAMI, FL 33135		
FEI Number	: 14-1903227	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ALFONSO 9925 SW MIAMI, FL					
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PVSD ( ALFONSO, SIX 9925 SW 117		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: SIXTO ALFONSO PVSD 04/28/2008