

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035212

Entity Name: C&S HEALTH CENTER, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

330 SW 27TH AVE.  
STE 601  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

330 SW 27TH AVE.  
STE 601  
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  
STE 601  
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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: ALFONSO, SIXTO H  
Address: 9925 SW 117 CT  
City-St-Zip: MIAMI, FL 33186

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: SIXTO ALFONSO

PVST

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date