

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084939

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** GODSEND HEALTH SERVICE INC.

**Current Principal Place of Business:**

15715 SW SOUTH DIXIE HWY  
322  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15715 SW SOUTH DIXIE HWY  
322  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 36-4555393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IBRAHIM, PURA  
2714 SW 46 ST  
CAPE CORAL, FL 33914 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: PD  
Name: IBRAHIM, PURA  
Address: 2714 SW 46 ST  
City-St-Zip: CAPE CORAL, FL 33914

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: PURA IBRAHIM

PD

04/04/2011

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

\_\_\_\_\_  
Date