

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098739

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: CENTRAL HEALTH SERVICES, INC.

## Current Principal Place of Business:

2011 SW 25TH STREET  
FORT PIERCE, FL 34947 US

## New Principal Place of Business:

## Current Mailing Address:

2010 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

## New Mailing Address:

2000 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

FEI Number: 55-0873103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACHARYA, NAVIN  
2010 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

ACHARYA, NAVIN  
2000 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

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:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOSHI, SUDHA  
Address: 2010 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: SEC ( ) Delete  
Name: ACHARYA, NAVIN  
Address: 2010 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOSHI, SUDHA  
Address: 2000 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: SEC (X) Change ( ) Addition  
Name: ACHARYA, NAVIN  
Address: 2000 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUDHA DOSHI

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date