

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027975

Entity Name: FLA HEALTHSERVICES, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

5843 COLFAX AVENUE
ALEXANDRIA, VA 22311

New Principal Place of Business:

Current Mailing Address:

5843 COLFAX AVENUE
ALEXANDRIA, VA 22311

New Mailing Address:

FEI Number: 65-1247328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTON, MARIE S
1113 NW 23RD AVE
C/O CHIEFLAND MEDICAL CENTER, LLC
CHIEFLAND, FL 32626 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: P () Delete
Name: MINTON, MARIE
Address: 5843 COLFAX AVENUE
City-St-Zip: ALEXANDRIA, VA 22311

Title: V () Delete
Name: WASHBURN, GREGORY
Address: 2909 N. 9TH STREET
City-St-Zip: ARLINGTON, VA 22201

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: MARIE S. MINTON

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date