

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083051

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** MAM HEALTH ENTERPRISES,INC.

**Current Principal Place of Business:**

199 S.W 12 AVENUE  
SUITE # 4  
MIAMI ., FL 33130

**New Principal Place of Business:**

1350 SW 57 AV  
SUITE # 315  
W MIAMI ., FL 33155

**Current Mailing Address:**

6961 SW 152 ST  
-  
MIAMI ., FL 33157

**New Mailing Address:**

**FEI Number:** 27-0125367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAM ENTERPRISES, INC  
199 SW 12TH AVE. STE. 4  
-  
MIAMI, FL 33130 US

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

MAM ENTERPRISES, INC  
1350 SW 57 AV  
#315  
W MIAMI, FL 33155 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:** ROGELIO HERNANDEZ

02/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MONZON, MARIA A  
**Address:** 6961 S.W 152 ND ST  
**City-St-Zip:** MIAMI, FL 33157

**Title:** VP  
**Name:** HERNANDEZ, ROGELIO  
**Address:** 6961 S.W 152 ND ST  
**City-St-Zip:** MIAMI, FL 33157

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:** ROGELIO HERNANDEZ

VP

02/23/2010

Electronic Signature of Signing Officer or Director

Date