2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095754

Entity Name: A.M.B. HEALTH SERVICES INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
331 SW 1 MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
331 SW 1 MIAMI, FL					
FEI Number	: 20-3967340	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
OPORTO 331 SW 1 MIAMI, FL	05 PL				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P (OPORTO, ABE 331 SW 105 P		Title: Name: Address:	() Change () Addition	

City-St-Zip: MIAMI, FL 33174 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: ABEL OPORTO **PRES** 03/18/2009