

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146671

FILED  
May 14, 2007  
Secretary of State

Entity Name: AMNA HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

15485 EAGLE NEST LANE  
#210  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

15485 EAGLE NEST LANE  
#210  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 81-0680867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, STE 221E  
PALM BCH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: LOPEZ, JEANNEL  
Address: 7208 JACARANDA LANE  
City-St-Zip: MIAMI, FL 33014

Title: VAT ( ) Delete  
Name: ARAGON-LOPEZ, ANA  
Address: 7212 JACARANDA LANE  
City-St-Zip: MIAMI, FL 33014

Title: VS ( ) Delete  
Name: LOPEZ, JADIAM L  
Address: 7212 JACARANDA LANE  
City-St-Zip: MIAMI, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEANNEL LOPEZ

PT

05/14/2007

Electronic Signature of Signing Officer or Director

Date