

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000146671

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AMNA HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

5789A NW 151 ST  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5789A NW 151 ST  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** VAT  
**Name:** ARAGON-LOPEZ, ANA  
**Address:** 7208 JACARANDA LANE  
**City-St-Zip:** MIAMI LAKES, FL 33014

**Title:** VS  
**Name:** LOPEZ, JADIAM L  
**Address:** 7208 JACARANDA LANE  
**City-St-Zip:** MIAMI, FL 33014

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:** JEANNEL LOPEZ

PT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date