

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000003180

FILED
Mar 24, 2008
Secretary of State**Entity Name:** ABS HEALTHCARE SERVICES, INC.**Current Principal Place of Business:**1868 N UNIVERSITY DRIVE
SUITE 301
PLANTATION, FL 33322**New Principal Place of Business:**1096 EAST NEWPORT CENTER DR
SUITE 100
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1868 N UNIVERSITY DRIVE
SUITE 301
PLANTATION, FL 33322**New Mailing Address:**1096 EAST NEWPORT CENTER DR
SUITE 100
DEERFIELD BEACH, FL 33442**FEI Number:** 20-4107841**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COHEN, ARNOLD
1868 N UNIVERSITY DRIVE
SUITE 301
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**COHEN, ARNOLD
1096 EAST NEWPORT CENTER DR
SUITE 100
DEERFIELD BEACH, FL 33442 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: ARNOLD COHEN

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, ARNOLD
Address: 1868 N UNIVERSITY DRIVE SUITE 301
City-St-Zip: PLANTATION, FL 33322

Title: VP () Delete
Name: COHEN, BRADLEY
Address: 1868 N UNIVERSITY DRIVE SUITE 301
City-St-Zip: PLANTATION, FL 33322

Title: VP () Delete
Name: COHEN, SETH
Address: 1868 N UNIVERSITY DRIVE SUITE 301
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, ARNOLD
Address: 1096 EAST NEWPORT CENTER DR #100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Change () Addition
Name: COHEN, BRADLEY
Address: 1096 EAST NEWPORT CENTER DR #100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Change () Addition
Name: COHEN, SETH
Address: 1096 EAST NEWPORT CENTER DR #100
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ARNOLD COHEN

P

03/24/2008

Electronic Signature of Signing Officer or Director

Date