2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004042

Entity Name: NESTOR'S HEALTH SVCES., INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	9 STREET , FL 33010			
Current Mailing Address:			New Mailing Address:	
STEB	9 STREET , FL 33010			
FEI Number	r: 20-4095477	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
594 EAST HIALEAH,	,	JS		
	e named entity : te of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU		is Cianatura of Desistened As		Data
Election Ca		nic Signature of Registered Ag g Trust Fund Contribution().	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () RODRIGUEZ, N 594 E 9 ST HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVP () RODRIGUEZ, N 594 E 9 ST HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	DT () RODRIGUEZ, N 594 E 9 ST) Delete NANCYS	Title: Name: Address:	() Change () Addition

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: NESTOR RODRIGUEZ DP 03/05/2009