

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P06000021308

1. Entity Name  
COMPASS HEALTH SERVICES CORPORATION



Principal Place of Business  
10661 NORTHEAST QUAYBRIDGE COURT  
MIAMI FL 33138

Mailing Address  
10661 NORTHEAST QUAYBRIDGE COURT  
MIAMI FL 33138

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number  
**20-4342770**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALBUT, HOWARD N-ESQ.  
2650 BISCAYNE BOULEVARD  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1111 NAME STREET ADDRESS CITY, ST, ZIP	PST GALBUT, JOYCE 10661 N.E. QUAYBRIDGE COURT MIAMI FL 33138	<input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce Galbut (Joyce Galbut)* Jan 20, 2007

306-  
778-1600

SIGNATURE AND WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #