

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023181

Entity Name: PACIFIC HEALTH SERVICES, INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

7171 CORAL WAY
205
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7460 SW 64 ST
MIAMI, FL 33143

New Mailing Address:

FEI Number: 37-0767336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALMON, MARIA E
7460 SW 64TH STREET
MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALMON, MARIA E
Address: 7460 SW 64 STREET
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: SALMON, MARIA E
Address: 7460 SW 64 STREET
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: SALMON, MARIA E
Address: 7460 SW 64 STREET
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: SALMON, MARIA E
Address: 7460 SW 64 STREET
City-St-Zip: MIAMI, FL 33143

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:

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: MARIA E SALMON

PVTS

04/29/2008

Electronic Signature of Signing Officer or Director

Date