

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081158

FILED
Jun 09, 2008
Secretary of State

Entity Name: WESTCHESTER PROFESSIONAL HEALTH SERVICES INC

Current Principal Place of Business:

7171 SW 24 ST
419
MIAMI, FL 33155

New Principal Place of Business:

7171 SW 24 ST
409
MIAMI, FL 33155

Current Mailing Address:

7171 SW 24 ST
419
MIAMI, FL 33155

New Mailing Address:

7171 SW 24 ST
409
MIAMI, FL 33155

FEI Number: 20-5038854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, IVAN
9210 SW 42 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

AMADO, GERAL
7171 SW 24 ST
409
MIAMI, FL 33155 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: GERAL AMADO

06/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNEZ, IVAN
Address: 9210 SW 42 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMADO, GERAL
Address: 7171 SW 24 STREET, SUITE 409
City-St-Zip: MIAMI, FL 33155

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: GERAL AMADO

P

06/09/2008

Electronic Signature of Signing Officer or Director

Date