## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000093162

Entity Name: BRICKELL HEALTH SERVICES, INC.

FILED Apr 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2101 BRICKELL AVE 300 SOUTH BISCAYNE BLVD

1404 2311

MIAMI, FL 33129 MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

2101 BRICKELL AVE 300 SOUTH BISCAYNE BLVD

1404

MIAMI, FL 33131

FEI Number: 20-5211965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONET, YAIMA BONET, YAIMA

2101 BRICKELL AVE 300 SOUTH BISCAYNE BLVD 1404

2311

MIAMI, FL 33129 US MIAMI, FL 33131 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.

MIAMI, FL 33129

SIGNATURE: YAIMA BONET 04/18/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

BONET, YAIMA Name: Name: BONET, YAIMA

2101 BRICKELL AVE #2311 300 SOUTH BISCAYNE BLVD #1404 Address: Address:

City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33131

( ) Delete Title: Title: (X) Change ( ) Addition

FERNANDEZ, RAYDEL FERNANDEZ, RAYDEL Name: Name:

2101 BRICKELL AVE #2311 Address: 300 SOUTH BISCAYNE BLVD #1404 Address:

MIAMI, FL 33129 MIAMI, FL 33131 City-St-Zip: 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: YAIMA BONET DP 04/18/2009