2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132487

Entity Name: HEALTH CARE SERVICES OF PHILADEPHIA, INC.

FILED Apr 30, 2008 Secretary of State

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

101 PLAZA REAL SOUTH SUITE 226 BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

101 PLAZA REAL SOUTH SUITE 226 BOCA RATON, FL 33432

FEI Number: 20-5743971 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:

GETSON, FRANK DR.

4021 N. ANDREWS AVENUE

SUITE 6

FORT LAUDERDALE, FL 33309 US

PELLEGRINO, SAL DR.

101 PLAZA REAL SOUTH

226

BOCA RATON, FL 33432 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: SAL PELLEGRINO 04/30/2008

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 GETSON, FRANK J DR. PELLEGRINO, SAL J DR. Name: Name: 4021 N. ANDREWS AVENUE 101 PLAZA REAL SOUTH, STE. 226 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: BOCA RATON, FL 33432

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: SAL PELLEGRINO D 04/30/2008