

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000134748

Entity Name: MORIAH HEALTH SYSTEMS, INC.

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

27104 S DIXIE HIGHWAY  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

27104 S DIXIE HIGHWAY  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 20-5764324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A BERNARD FINANCIAL SERVICES  
9032 SW 152ND STREET  
MIAMI, FL 33157 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

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: ERROL, DUNCAN  
Address: 8395 SW 163RD TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: TAYLOR-DUNCAN, MARILYN U  
Address: 8935 SW 163 TERRACE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARILYN TAYLOR-DUNCAN

D

04/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date