

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000147876</b>	
1. Entity Name ARNP HEALTH SERVICES, INC.	



**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**



07222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-8006981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

Principal Place of Business <b>300 ARAGON AVE., #310 CORAL GABLES, FL 33134</b>	Mailing Address <b>300 ARAGON AVE., #310 CORAL GABLES, FL 33134</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, MARIA C 300 ARAGON AVE., #310 CORAL GABLES, FL 33134</b>
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DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARIA C 300 ARAGON AVE., #310 CORAL GABLES, FL 33134
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UP00000956376  
07/25/08-80005-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIA C. Rodriguez *Officer* 7/22/08 305 632-9232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #