2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# P07000008139

Entity Name: AL HEALTH SERVICES, INC.

Current Principal Place of Business:

7929 WEST DRIVE
APT 801
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

7929 WEST DRIVE
APT 801
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 20-8280866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABRADA, MARIA A
7929 WEST DRIVE
APT 801
NORTH BAY VILLAGE, FL 33141 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD
Name: LABRADA, MARIA A
Address: 7929 WEST DRIVE APT 801
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP
Name: LABRADA, MARIA A
Address: 7929 WEST DRIVE APT 801
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: MARIA A LABRADA PSTD 04/22/2010

Electronic Signature of Signing Officer or Director — Date