

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008940

FILED
Mar 30, 2008
Secretary of State

Entity Name: SUANES HEALTH SERVICES, CORP

Current Principal Place of Business:

6090 WEST FLAGLER ST
406
MIAMI, FL 33144 US

New Principal Place of Business:

1701 SW 94 AVE
MIAMI, FL 33165 US

Current Mailing Address:

6090 WEST FLAGLER ST
406
MIAMI, FL 33144 US

New Mailing Address:

1701 SW 94 AVE
MIAMI, FL 33165 US

FEI Number: 20-8281883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUANES, CARLOS A
6090 WEST FLAGLER ST
406
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

SUANES, CARLOS A
1701 SW 94 AVE
MIAMI, FL 33165 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: CARLOS A SUANES

03/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUANES, CARLOS A
Address: 6090 WEST FLAGLER ST # 406
City-St-Zip: MIAMI, FL 33144 US

Title: VP () Delete
Name: ZUBIZARRETA, ARLEANA
Address: 6090 WEST FLAGLER ST # 406
City-St-Zip: MIAMI, FL 33144 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUANES, CARLOS A
Address: 1701 SW 94 AVE
City-St-Zip: MIAMI, FL 33165 US

Title: VP (X) Change () Addition
Name: ZUBIZARRETA, ARLEANA
Address: 1701 SW 94 AVE
City-St-Zip: MIAMI, FL 33165 US

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: CARLOS A SUANES

P

03/30/2008

Electronic Signature of Signing Officer or Director

Date