

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000025496

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** HOPE HEALTH SERVICES, INC.

**Current Principal Place of Business:**

11880 SW 40TH STREET  
SUITE 211  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

9248 SW 154TH COURT  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 22-3954723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POZO, NORMA E  
9248 SW 154TH COURT  
MIAMI, FL 33196 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: PSTD  
Name: POZO, OSCAR D  
Address: 9248 SW 154TH CT  
City-St-Zip: MIAMI, FL 33196

Title: V  
Name: POZO, DANILO A  
Address: 9248 SW 154TH CT  
City-St-Zip: MIAMI, FL 33196

Title: V  
Name: POZO, NORMA V  
Address: 9248 SW 154TH CT  
City-St-Zip: MIAMI, FL 33196

Title: V  
Name: POZO, ALVARO J  
Address: 9248 SW 154TH CT  
City-St-Zip: MIAMI, FL 33196

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: OSCAR D POZO

PRES

03/11/2012

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

\_\_\_\_\_  
Date