

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000041431

Entity Name: DMB HEALTH SERVICES INC

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5600 COLLINS AVE  
#15A  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

3242 SW 147 CT  
MIAMI, FL 33185

**Current Mailing Address:**

5600 COLLINS AVE  
#15A  
MIAMI BEACH, FL 33140

**New Mailing Address:**

3242 SW 147 CT  
MIAMI, FL 33185

FEI Number: 20-8762004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANRUFO, DIANELIS  
5600 COLLINS AVE  
#15A  
MIAMI BEACH, FL 33140 US

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

MANRUFO, DIANELIS  
3242 SW 147 CT  
MIAMI, FL 33185 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: DIANELIS MANRUFO

03/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANRUFO, DIANELIS  
Address: 3242 SW 147 CT  
City-St-Zip: MIAMI, FL 33185

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: DIANELIS MANRUFO

P

03/27/2011

Electronic Signature of Signing Officer or Director

Date