

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051568

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

14850 SW 26 ST  
203  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

14850 SW 26 ST  
203  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:** 20-8953028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMOS, ERIK  
15662 SW 9 LANE  
MIAMI, FL 33194 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: PD  
Name: RAMOS, ERIK  
Address: 15662 SW 9 LANE  
City-St-Zip: MIAMI, FL 33194

Title: PD  
Name: RAMOS, ERIK  
Address: 15662 SW 9 LANE  
City-St-Zip: MIAMI, FL 33194

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:** ERIK RAMOS

PD

03/29/2011

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

\_\_\_\_\_  
Date