2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

DOCUMENT# P07000052072

Entity Name: PROFESSIONAL HEALTH SERVICES, INC

Current Principal Place of Business:

4820 SW 87TH AVE
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

4820 SW 87TH AVE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 20-8950084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REVILLA, LIANNE
4820 SW 87TH AVE
MIAMI, FL 33165 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: P
Name: REVILLA, LIANNE
Address: 4820 SW 87TH AVE
City-St-Zip: MIAMI, FL 33165 US

Title: V
Name: REVILLA, REVILBRAY
Address: 4820 SW 87TH AVE
City-St-Zip: MIAMI, FL 33165 US

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: LIANNE REVILLA P 04/07/2010

Electronic Signature of Signing Officer or Director Date