

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054249

Entity Name: ARCS HEALTH SERVICES INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

8095 NW 8 STREET APT 206
MIAMI, FL 33126

New Principal Place of Business:

3313 SW 156 CT
MIAMI, FL 33185

Current Mailing Address:

8095 NW 8 STREET APT 206
MIAMI, FL 33126

New Mailing Address:

3313 SW 156 CT
MIAMI, FL 33185

FEI Number: 26-0143693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, ADIXA D
8095 NW 8 STREET APT 206
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MARRERO, ADIXA D
3313 SW 156 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: ADIXA MARRERO

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARRERO, ADIXA D
Address: 8095 NW 8 STREET APT 206
City-St-Zip: MIAMI, FL 33126

Title: DVP () Delete
Name: ALBA, RAMON R
Address: 8095 NW 8 STREET APT 206
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MARRERO, ADIXA D
Address: 3313 SW 156 CT
City-St-Zip: MIAMI, FL 33185

Title: DVP (X) Change () Addition
Name: ALBA, RAMON R
Address: 3313 SW 156 CT
City-St-Zip: MIAMI, FL 33185

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: RAMON R ALBA

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date