

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054263

Entity Name: LBM HEALTH SERVICES INC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

8840 FOUNTAINEBLEAU BLVD
301
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8840 FOUNTAINEBLEAU BLVD
301
MIAMI, FL 33172

New Mailing Address:

FEI Number: 26-0143629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTOLONGO, BEATRIZ P
8840 FOUNTAINEBLEAU BLVD
301
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

PEREZ, BEATRIZ
8840 FOUNTAINEBLEAU BLVD
301
MIAMI, FL 33172 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: BEATRIZ PEREZ

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOTOLONGO, BEATRIZ P
Address: 8840 FOUNTAINEBLEAU BLVD - # 301
City-St-Zip: MIAMI, FL 33172

Title: VPD () Delete
Name: GARCIA, MANUEL R
Address: 8840 FOUNTAINEBLEAU BLVD - # 301
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, BEATRIZ
Address: 8840 FOUNTAINEBLEAU BLVD # 301
City-St-Zip: MIAMI, FL 33172

Title: VPD (X) Change () Addition
Name: RODRIGUEZ, MANUEL
Address: 8840 FOUNTAINEBLEAU BLVD # 301
City-St-Zip: MIAMI, FL 33172

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: BEATRIZ PEREZ

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date