

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054263

Entity Name: LBM HEALTH SERVICES INC

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

8840 FOUNTAINEBLEAU BLVD  
# 301  
MIAMI, FL 33172

## New Principal Place of Business:

2100 SW 152 PLACE  
MIAMI, FL 33185

## Current Mailing Address:

8840 FOUNTAINEBLEAU BLVD  
# 301  
MIAMI, FL 33172

## New Mailing Address:

2100 SW 152 PLACE  
MIAMI, FL 33185

FEI Number: 26-0143629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, BEATRIZ  
8840 FOUNTAINEBLEAU BLVD  
# 301  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

PEREZ, BEATRIZ  
2100 SW 152 PLACE  
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:

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VPD (X) Delete  
Name: RODRIGUEZ, MANUEL  
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: 2100 SW 152 PLACE  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

05/04/2009

Electronic Signature of Signing Officer or Director

Date