


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 008 ***150.00

DOCUMENT # P07000063206 1. Entity Name ALIGNMENT HEALTH SYSTEMS INC					
Principal Place of Business 1425 ALGERIA AVENUE CORAL GABLES, FL 33134			Mailing Address 1425 ALGERIA AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 10415 N Kendall dr Suite, Apt. #, etc. #B210		3. Mailing Address 10415 N Kendall dr Suite, Apt. #, etc. #B210			
City & State Miami		City & State MIAMI		4. FEI Number 26-0272899	
Zip 33176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAUS, JOSEPH 1425 ALGERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Richard Peterson Street Address (P.O. Box Number is Not Acceptable) 10415 N Kendall dr #B210 City Miami FL Zip Code 33176	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Richard Peterson</i></u> 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, JOSEPH 1425 ALGERIA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GARY 780 NE 69 STREET UNIT 804 MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWD-DAVIS, PATRICIA 780 NE 69 STREET UNIT 804 MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JULIE M 10415 N KENDALL DRIVE UNIT B210 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, RICHARD 930 N 71 AVENUE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Peterson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10415 N. Kendall dr #B210 MIAMI FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI GIOVANNI, MARISA 1307 EUCLID AVENUE UNIT 2 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Richard Peterson</i></u> 4/28/08 (305) 972-2856 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(786) 218-4157