

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066853

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MAYE PROVIDER HEALTH SERVICES, INC

## Current Principal Place of Business:

2820 SW 101 CT.  
MIAMI, FL 33165

## New Principal Place of Business:

7000 SW 97 AVE STE 201  
MIAMI, FL 33173

## Current Mailing Address:

2820 SW 101 CT.  
MIAMI, FL 33165

## New Mailing Address:

7000 SW 97 AVE STE 201  
MIAMI, FL 33173

FEI Number: 26-0328670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCARPIO, MARIA C  
2820 SW 101 CT.  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

ESCARPIO, MARIA C  
7000 SW 97 AVE STE 201  
MIAMI, FL 33173 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESCARPIO, MARIA C  
Address: 2820 SW 101 CT.  
City-St-Zip: MIAMI, FL 33165

Title: V (X) Delete  
Name: RODRIGUEZ, TAMARA  
Address: 6801 MIAMI LAKE WAY  
City-St-Zip: SO. MIAMI, FL 33011

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA C ESCARPIO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date