2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000093534

Entity Name: LA MER HEALTH SERVICES CORPORATION

Current Principal Place of Business:

1780 SANS SOUCI BLVD
NORTH MIAMI, FL 33181

New Principal Place of Business:

5880 COLLINS AVE.
904
MIAMI BEACH, FL 33140

Current Mailing Address:

1780 SANS SOUCI BLVD
NORTH MIAMI, FL 33181

New Mailing Address:

5880 COLLINS AVE.
904
MIAMI BEACH, FL 33140

FEI Number: 68-0657186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSENDE, MERLYN
5880 COLLINS AVE #904
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOSENDE, MERLYN
Address: 5880 COLLINS AVE #904
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MERLYN JOSENDE P 04/29/2009
Electronic Signature of Signing Officer or Director Date