2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 8:00 am Secretary of State **DOCUMENT # P07000124889** 03-24-2008 90058 033 ***150 00 TERINA'S HEALTH SERVICE, INC. 400014 Principal Place of Business Mailing Address 1000 PONCE DE LEON BLVD 1000 PONCE DE LEON BLVD SUITE 210 SUITE 210 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2 Principal Place of Business - No.P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03192008 Applied For City & State City & State 4. FELNumber 145 51 93 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRESPO, MARIA T Street Address (P.O. Box Number is Not Acceptable) **32 NW 32 PLACE** MIAMI, FL 33125 Zip Code FL 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 8. The above named entity submits this the obligations of SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition **PVST** Change TITLE ☐ Delete TITLE CRESPO, MARIA T NAME NAME STREET ADDRESS STREET ADDRESS 32 NW 32 PLACE MIAMI, FL 33125 CITY-ST-2IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE CRESPO, MARIA T NAME NAME STREET ADDRESS STREET ADDRESS **32 NW 32 PLACE** CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33125 TITLE Change ☐ Addition ☐ Delete TITLE NAME

☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplymental 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 trusted 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.

STREET ACORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

President.

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

FILED