

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000131137

1. Entity Name
P G HEALTH SERVICES, INC.



Principal Place of Business

12924 SW 133 COURT
MIAMI, FL 33186

Mailing Address

12924 SW 133 COURT
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

12924 SW 133 COURT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33186

Country

USA

Zip

Country

02192008

Chg-P

CR2E034 (12/06)

4. FEI Number

41-2262981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLA, MANUEL F
12924 SW 133 COURT
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite B

City

FL

Zip Code

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

X 5 M. C

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME POLA, MANUEL F
STREET ADDRESS 12924 SW 133 COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE V ☐ Delete
NAME GOMEZ, LUIS M
STREET ADDRESS 12924 SW 133 COURT
CITY-ST-ZIP MIAMI, F; 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ADD: Suite B
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200119549462
STREET ADDRESS 03/06/08--01016--007 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X 5 M. C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/19/08