

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034743

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** HOREB ALL MEDICAL SERVICE, INC.

**Current Principal Place of Business:**

168 E 5 ST  
UNIT 2  
HIALEAH, FL 33010

**New Principal Place of Business:**

288 WESTWARD DR  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

168 E 5 ST  
UNIT 2  
HIALEAH, FL 33010

**New Mailing Address:**

P.O. BOX. 660736  
MIAMI SPRINGS, FL 33266

**FEI Number:** 33-1210458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ FERRERA, YANET  
168 E 5 ST  
UNIT 2  
HIALEAH, FL 33010 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ FERRERA, YANET  
Address: 168 E 5 ST  
City-St-Zip: HIALEAH, FL 33010

I hereby 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 all other like empowered.

SIGNATURE: YANET RODRIGUEZ-FERRERA

PD

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date