2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# P08000056499

Entity Name: AFFINITY HEALTH SERVICES, INC.

Current Principal Place of Business:

2001 W. BUSCH BLVD.
SUITE B
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

PO BOX 151364
TAMPA, FL 33684

New Mailing Address:

FEI Number: 80-0304198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTEVEZ, STEPHANIE E
2001 W. BUSCH BLVD
SUITE B
TAMPA, FL 33612 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: ESTEVEZ, STEPHANIE E
Address: 4516 HUDSON LANE
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRS ( ) Change (X) Addition
Name: ARNOLD, DIANNA
Address: 9723 TIFFANY OAKS LANE
City-St-Zip: TAMPA, FL 33612

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: STEPHANIE ESTEVEZ P 04/05/2009

Electronic Signature of Signing Officer or Director — Date