2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076888

City-St-Zip:

MIAMI, FL 33176

Entity Name: COWLEY HEALTH CARE SERVICES, INC.

FILED Apr 02, 2009 Secretary of State

Current Pr	incipal Pla	ace of Business:	New Principal Place o	New Principal Place of Business:	
10835 SW 116 MIAMI, FL					
Current Ma	ailing Add	ress:	New Mailing Address	New Mailing Address:	
10835 SW 116 MIAMI, FL					
FEI Number:	32-0259780	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
COWLEY, 10835 SW 116 MIAMI, FL	112 AVE				
The above in the State		ty submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Elect	ronic Signature of Registered A	gent	Date	
Election Carr	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS	AND DIR	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P COWLEY, F 10835 SW	()Delete ROBERTO I12 AVE #116	Title: (Name: Address:	() Change () Addition	

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

SIGNATURE: ROBERTO COWLEY PR 04/02/2009

above, or on an attachment with an address, with all other like empowered.