2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P08000080942

Entity Name: PHALEG MEDICAL SERVICES, INC.

Current Principal Place of Business:

3900 NW 79TH AVE
STE 520
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79TH AVE
STE 520
DORAL, FL 33166

New Mailing Address:

FEI Number: 26-3299493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, REINA
3900 NW 79TH AVE
STE 520
DORAL, FL 33166 US

Name and Address of New Registered Agent:

VALDEZ, ARMANDO
3900 NW 79TH AVE
STE 520
DORAL, FL 33166 US

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: ARMANDO VALDEZ 01/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: RODRIGUEZ, REINA
Address: 3900 NW 79TH AVE, STE 520
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: VALDEZ, ARMANDO
Address: 3900 NW 79TH AVE, STE 520
City-St-Zip: DORAL, FL 33166

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: ARMANDO VALDEZ PSD 01/15/2009
Electronic Signature of Signing Officer or Director Date