2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# P09000044066

Entity Name: FACILITY HEALTH MEDICAL SERVICE INC.

Current Principal Place of Business:

8301 SW 99 CT
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

8301 SW 99 CT
MIAMI, FL 33173

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLIVA, BARBARA O
8301 SW 99 CT
MIAMI, FL 33173 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
Name: OLIVA, BARBARA O
Address: 8301 SW 99 CT
City-St-Zip: MIAMI, FL 33173

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: BARBARA O OLIVA P 04/26/2010
Electronic Signature of Signing Officer or Director Date