

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017138

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** LIMITED HEALTH SERVICES CORP

**Current Principal Place of Business:**

8040 NW 155 ST  
215  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8040 NW 155 ST  
215  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 20-5344967      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GUTIERREZ, ARMANDO  
17706 NW 91 PL  
MIAMI, FL 33018      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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GUTIERREZ, ARMANDO  
**Address:** 17706 NW 91 PL  
**City-St-Zip:** MIAMI, FL 33018

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:** ODETTE SANCHEZ

ADM

01/12/2011

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

\_\_\_\_\_  
Date