

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000102488

**FILED**  
**Jun 02, 2011**  
**Secretary of State**

**Entity Name:** HEALTH GROUP SERVICE ADMINISTRATION, INC.

**Current Principal Place of Business:**

55 W. 29 STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

13441 SW 183 TERR  
MIAMI, FL 33177

**Current Mailing Address:**

55 W. 29 STREET  
HIALEAH, FL 33012

**New Mailing Address:**

13441 SW 183 TERR  
MIAMI, FL 33177

**FEI Number:** 27-4942388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARMANATE, ALEJO  
55 W. 29 STREET  
HIALEAH, FL 33012 US

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

CARMANATE, ALEJO  
13441 SW 183 TERR  
MIAMI, FL 33177 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:** ALEJO CARMENATE

06/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CARMANATE, ALEJO  
**Address:** 13441 SW 183 TERR  
**City-St-Zip:** MIAMI, FL 33177

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:** ALEJO CARMENATE

PD

06/02/2011

Electronic Signature of Signing Officer or Director

Date