

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000012433

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** AMERICAS HEALTH SERVICES INC

**Current Principal Place of Business:**

9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156

**New Principal Place of Business:**

9130 S. DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156

**Current Mailing Address:**

9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156

**New Mailing Address:**

9130 S. DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156

**FEI Number:** 45-3820763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUZMAN & GUZMAN, P.A.  
9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 US

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

GUZMAN & GUZMAN, P.A.  
9130 S. DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156 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: ALBERTO GUZMAN

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOS SANTOS LARA, DIEGO  
Address: 9130 S. DADELAND BLVD, STE 1509  
City-St-Zip: MIAMI, FL 33156

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: DIEGO DOS SANTOS LARA

PD

05/01/2012

Electronic Signature of Signing Officer or Director

Date