

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070652

FILED
Sep 03, 2009
Secretary of State

Entity Name: PROFESSIONAL HEALTH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

8260 WEST FLAGLET ST
1G
MIAMI, FL 33144

New Principal Place of Business:

8260 WEST FLAGLET ST
2M
MIAMI, FL 33144

Current Mailing Address:

8300 W. FLAGLER ST
210
MIAMI, FL 33144

New Mailing Address:

8260 WEST FLAGLER ST
2M
MIAMI, FL 33144

FEI Number: 65-0774070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZA, CARMENZA
8260 WEST FLAGLER ST.
STE. 2M
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PORTILLA, GINA V
Address: 6366 SW 15TH ST
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: PORTILLA, VANESSA
Address: 6366 SW 15 ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GINA PORTILLA

DR

09/03/2009

Electronic Signature of Signing Officer or Director

Date