

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000076287

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** GLOBAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1746 NE 9TH ST  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

8480 NW 17TH COURT  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

PO BOX 4746  
FT. LAUDERDALE, FL 333384746 US

**New Mailing Address:**

**FEI Number:** 65-0807394      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NIZANTY, STEPHANIE  
1746 NE 9TH STREET  
FT. LAUDERDALE, FL 33304 US

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

NIZANTY, STEPHANIE  
8480 NW 17TH COURT  
PEMBROKE PINES, FL 33024 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: STEPHANIE NIZANTY

04/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: NIZANTY, STEPHANIE  
Address: 8480 NW 17TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: STV  
Name: QUIJALVO, ROBERTO  
Address: 710 CLUB CIRCLE  
City-St-Zip: LOUISVILLE, CO 80027 US

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: STEPHANIE NIZANTY

P

04/22/2012

Electronic Signature of Signing Officer or Director

Date