

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038419

FILED
Apr 19, 2005
Secretary of State

Entity Name: COMBINED HEALTH SERVICES CORPORATION

Current Principal Place of Business:

6500 WEST 4 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY- STE 600
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0842463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, JORGE A
3400 CORAL WAY
6TH FL
MIAMI, FL 331453053 US

Name and Address of New Registered Agent:

DIAZ, AMPARO R
3400 CORAL WAY
6TH FL
MIAMI, FL 331453053 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: AMPARO R DIAZ

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MORENO, RAMON S
Address: 8802 NW 189 TERR
City-St-Zip: HIALEAH, FL 330186239

Title: PD () Delete
Name: MORENO, ALFREDO C
Address: 8865 N.W. 189TH TERR.
City-St-Zip: HIALEAH, FL 330186235

Title: S () Delete
Name: SOBERON, MIGDALIA
Address: 8015 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MORENO, RAMON S
Address: 6500 W 4 AVE
City-St-Zip: HIALEAH, FL 33012

Title: PD (X) Change () Addition
Name: MORENO, ALFREDO C
Address: 6500 W 4 AVE
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Change () Addition
Name: SOBERON, MIGDALIA
Address: 6500W 4 AVE
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALFREDO MORENO

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date