

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000038419

FILED
May 08, 2007
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 ()****Name and Address of Current Registered Agent:**DIAZ, AMPARO R
3400 CORAL WAY
6TH FL
MIAMI, FL 331453053 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**OFFICERS AND DIRECTORS:****Title:** VD (X) Delete
Name: MORENO, RAMON S
Address: 6500 W 4 AVE
City-St-Zip: HIALEAH, FL 33012**Title:** PD () Delete
Name: MORENO, ALFREDO C
Address: 6500 W 4 AVE
City-St-Zip: HIALEAH, FL 33012**Title:** S () Delete
Name: SOBERON, MIGDALIA
Address: 6500W 4 AVE
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: ALFREDO MORENO

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05/08/2007

Electronic Signature of Signing Officer or Director_____
Date