2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# P98000038419

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:

3128 CORAL WAY
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
3128 CORAL WAY
MIAMI, FL 331453210 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: 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: S (X) Change ( ) Addition
Name: MORENO, BELKIS
Address: 6500 W 4 AVE
City-St-Zip: HIALEAH, FL 33012

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: ALFRED MORENO P 05/15/2009

Electronic Signature of Signing Officer or Director — Date