

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000010281

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

**FILED**  
**Jun 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10697 WILES RD  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

10043 NW 48TH COURT  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

10043 NW 48TH CT.  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 65-0892673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHNEIDER, PAUL  
7860 PETERS ROAD  
F-110  
PLANTATION, FL 33324 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  
Name: FRACHTMAN, JEFFREY A  
Address: 10043 NW 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

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: JEFFREY FRACHTMAN

PRES

06/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date