

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # S35568

1. Entity Name
CERTIFIED HEALTH CARE SERVICES, INC.



Principal Place of Business
**8079 W OAKLAND BLVD
FORT LAUDERDALE, FL 33351 US**

Mailing Address
**8079 W OAKLAND BLVD
FORT LAUDERDALE, FL 33351 US**



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0275037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, CLYTIE
661 CARROT WOOD TERR
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, CLYTIE
STREET ADDRESS	661 CARROT WOOD TERR
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	MUNFORD, MAUVA
STREET ADDRESS	12490 SW 7TH PL
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	CAMPBELL, ANDREA
STREET ADDRESS	12490 SW 7TH PL
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	COSTANZO, SUZETTE
STREET ADDRESS	9864 NOB HILL LANE
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000678133
04/02/07-80021-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07 **954 746 2400**
Date Daytime Phone #