2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# S35568

Entity Name: CERTIFIED HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

8079 W OAKLAND BLVD
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

3296 N STATE RD 7
LAUDERDALE LAKES, FL 33309 US

Current Mailing Address:

8079 W OAKLAND BLVD
FORT LAUDERDALE, FL 33351 US

New Mailing Address:

3296 N STATE RD 7
LAUDERDALE LAKES, FL 33309 US

FEI Number: 65-0275037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, CLYTIE
661 CARROT WOOD TERR
FORT LAUDERDALE, 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMPBELL, CLYTIE,
Address: 661 CARROT WOOD TERR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: MUNFORD, MAUVA,
Address: 12490 SW 7TH PL
City-St-Zip: DAVIE, FL

Title: D ( ) Delete
Name: CAMPBELL, ANDREA,
Address: 12490 SW 7TH PL
City-St-Zip: DAVIE, FL

Title: D ( ) Delete
Name: COSTANZO, SUZETTE
Address: 12490 SW 7TH PLACE
City-St-Zip: DAVIE, FL 33325

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:

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: CLYTIE CAMPBELL D 03/16/2009

Electronic Signature of Signing Officer or Director Date