

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35568

FILED
Apr 27, 2010
Secretary of State

Entity Name: CERTIFIED HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

3296 N STATE RD 7
LAUDERDALE LAKES, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3296 N STATE RD 7
LAUDERDALE LAKES, FL 33309 US

New Mailing Address:

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:

CAMPBELL, CLYTIE
3296 N STATE RD 7
LAUDERDALE LAKES, FL 33319 US

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:

04/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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: CLYTIE CAMPBELL

D

04/27/2010

Electronic Signature of Signing Officer or Director

Date