

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90039 013 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # S98563 1. Entity Name T.L.C. HEALTH SERVICES, INC. | | | |
| Principal Place of Business 5345 SW 24TH ST MIAMI, FL 33155 US | | Mailing Address 5345 SW 24TH ST MIAMI, FL 33155 US | |
| 2. Principal Place of Business - No R.O. Box # 8345 SW 24 Street Suite, Apt. #, etc. | | 3. Mailing Address 8345 SW 24 Street Suite, Apt. #, etc. | |
| City & State Miami, FL Zip 33155 Country Dade | | City & State Miami, Florida Zip 33155 Country Dade | |
| 4. FEI Number 65-0362362 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARBEITE, SONIA 8345 SW 24TH ST MIAMI, FL 33175 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div> | | | |
| TITLE PD <input type="checkbox"/> Delete NAME BARBEITE, SONIA STREET ADDRESS 8345 SW 24TH ST CITY-ST-ZIP MIAMI, FL 33155 | | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice President STREET ADDRESS Joaquin J. Garcia CITY-ST-ZIP 8345 SW 24 Street Miami, FL 33155 | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Treasurer STREET ADDRESS Dany E. Duarte CITY-ST-ZIP 8345 SW 24th Street Miami, FL 33155 | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: | | Date 4/5/08 Daytime Phone # (305) 263-3103 | |