

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48777

FILED  
Jul 31, 2007  
Secretary of State

Entity Name: MEDICAL HEALTH SERVICES, INC.

## Current Principal Place of Business:

1401 EAST 4TH AVENUE  
#104  
HIALEAH, FL 33010

## New Principal Place of Business:

## Current Mailing Address:

1401 EAST 4TH AVENUE  
#104  
HIALEAH, FL 33010

## New Mailing Address:

FEI Number: 65-0343816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, JORGE G.  
2914 NW 98 PLACE  
MIAMI, FL 33172      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, ROSALIA Y  
Address: 1401 EAST 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: T ( ) Delete  
Name: LEON, MIGUEL  
Address: 3950 SW 58TH CT  
City-St-Zip: MIAMI, FL 33155

Title: VS ( ) Delete  
Name: ALVAREZ, JORGE G  
Address: 1401 EAST 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

## 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:

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: JORGE ALVAREZ

VP

07/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date