

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90160 034 ***150.00

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DOCUMENT # P01000100153

1. Entity Name
VICKA HEALTH CARE SERVICES INC.



Principal Place of Business
8685 BINGHAMTON AVE
BOYNTON BEACH FL 33436

Mailing Address
8685 BINGHAMTON AVE
BOYNTON BEACH FL 33436



2. Principal Place of Business

2300 Palm Beach Lake Blvd

3. Mailing Address

P.O. Box 243314

(Suite) Apt. #, etc.

202

Suite, Apt. #, etc.

BOYNTON BCH.

City & State

West Palm Bch FL.

City & State

Florida

4. FEI Number

65-1145877

Applied For

Not Applicable

Zip

33409

Country

U.S.

Zip

33424-3314

Country

U.S.

5. Certificate of Status Desired

\$8.75-Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VICKERS, JERMAINE
8685 BINGHAMTON AVE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VICKERS, JERMAINE	
STREET ADDRESS	8685 BIRGHMTON AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	Stedson Morgan	<input type="checkbox"/> Delete
NAME	Manager	
STREET ADDRESS	8685 Binghamton Ave	
CITY-ST-ZIP	Boynton Bch. Fl. 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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 exemption stated in Section 119.07(3)(i), 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

(561) 615-4361
Daytime Phone #

CR2E034 (10/02)