

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000049118 1. Entity Name AD LIB HEALTH CARE SERVICES INC.	
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Principal Place of Business 453D LAKEWOOD CIR. MARGATE, FL 33063	Mailing Address 453D LAKEWOOD CIR. MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2037043	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JEFFERSON, PATRICIA
 453-D LAKEWOOD CIRCLE
 MARGATE, FL 33063

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, PATRICIA RNBSN 453-D LAKEWOOD CIRCLE MARGATE, FL 33063
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05/15/07-80023-013 150.00

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: Patricia Jefferson 4-27-07 954 956 0114

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #