2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P03000083331

Entity Name: ALMARK HEALTH SERVICES INC.

Current Principal Place of Business:

4502 ALMARK DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

13920 EYLEWOOD DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

1812 LAKE HILL CIRCLE
ORLANDO, FL 32818

New Mailing Address:

13920 EYLEWOOD DRIVE
WINTER GARDEN, FL 34787

FEI Number: 11-3701500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, TEXUS
1812 LAKE HILL CIRCLE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

WALLACE, TEXUS
13920 EYELWOOD DRIVE
WINTER GARDEN, FL 34787 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: _____ 04/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ADMI ( ) Delete
Name: WALLACE, TEXUS
Address: 1812 LAKE HILL CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: ASST ( ) Delete
Name: JOHNSON, JERILYN M ASST.
Address: 6416 LIVEWOOD OAK DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADMI (X) Change ( ) Addition
Name: WALLACE, TEXUS
Address: 13920 EYLEWOOD DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: ASST (X) Change ( ) Addition
Name: JOHNSON, JERILYN M ASST.
Address: 1812 LAKE HILL CIRCLE
City-St-Zip: ORLANDO, FL 32818

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: TEXUS WALLACE ADMI 04/27/2008
Electronic Signature of Signing Officer or Director — Date