2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

STREET ADDRESS

CITY-ST-ZIP

May 16, 2007 8:00 am Secretary of State DOCUMENT # P06000123398 05-16-2007 90017 012 ***155.00 AMAZING GRACE HEALTH CARE SERVICES, INC. Principal Place of Business Mailing Address 401 AUGUSTINE CT 401 AUGUSTINE CT OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -BUKOLA, COMFORT A RN Street Address (P.O. Box Number is Not Acceptable) **401 AUGUSTINE CT** OVIEDO FL 32765 City Zip Code 8. The above named ontity 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 Signature, typed or printfo game of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing / \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition BUKOLA, COMFORT A RN NAME NAMI 401 AUGUSTINE CT STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-S1-ZIP CHTY - ST - ZIP THE ☐ Defete TITLE ☐ Change ☐ Addition ADEGBOYE, OLUSOLA A CNA 1340 ALOMA AVE - APT J5 STREET ADDRESS STREET ADDRESS ORLANDO FL 32792 CIN-SI-ZIP CHY-St. ZiP THILE Delete HILL Change Addition NAME NAMI aThrELLADDNESS SINCE ADDRESS CITY-ST-ZIP CHY-SI-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

FILED

COMFORT ADEBOLA BUKDLA 4/15/07 SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; 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.