

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123398

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMAZING GRACE HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

401 AUGUSTINE CT
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

401 AUGUSTINE CT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-5916673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUKOLA, COMFORT A RN
401 AUGUSTINE CT
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUKOLA, COMFORT A RN
Address: 401 AUGUSTINE CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: ADEGBOYE, OLUSOLA A CNA
Address: 1340 ALOMA AVE - APT J5
City-St-Zip: ORLANDO, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COMFORT BUKOLA

RN

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date