

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100153

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: VICKA HEALTH CARE SERVICES INC.

**Current Principal Place of Business:**

2300 PALM BEACH LAKE BLVD  
STE 202  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 243314  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

FEI Number: 30-0104388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VICKERS, JERMAINE  
8685 BINGHAMTON AVE  
BOYNTON BEACH, FL 33436

**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: P ( ) Delete  
Name: VICKERS, JERMAINE  
Address: 8685 BIRGHMTON AVE.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR ( ) Delete  
Name: MORGAN, STEDSON  
Address: 8685 BIRGHAMTON AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MEIKLE, OWEN  
Address: 308 WILD OATS COURT  
City-St-Zip: WEST PALM BEACH, FL 3341

I hereby certify that the information supplied with this filing does not qualify for the 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 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: O. MEIKLE

MGR

04/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date