

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100153

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** VICKA HEALTH CARE SERVICES INC.

**Current Principal Place of Business:**

1063 GOLDEN LAKES BLVD.  
326  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19362  
WEST PALM BEACH, FL 33416

**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  
1063 GOLDEN LAKES BLVD.  
326  
ROYAL PALM BEACH, FL 33411 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: P  
Name: VICKERS, JERMAINE  
Address: 1063 GOLDEN LAKES BLVD. 326  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: JERMAINE VICKERS

P

01/25/2010

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

\_\_\_\_\_ Date