

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100153

**FILED**  
**Feb 22, 2011**  
**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:**

18928 41ST RD. N  
LOXAHATCHEE, FL 33407

**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:**

VICKERS, JERMAINE  
18928 41ST RD. N.  
LOXAHATCHEE, FL 33407 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: JERMAINE VICKERS

02/22/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VICKERS, JERMAINE  
Address: 18928 41ST RD. N.  
City-St-Zip: LOXAHATCHEE, FL 33407

Title: D  
Name: WALTERS, KEISHA D  
Address: 18928 41ST RD. N.  
City-St-Zip: LOXAHATCHEE, FL 33407

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: KEISHA WALTERS

D

02/22/2011

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

\_\_\_\_\_  
Date