

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100153

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

**Current Principal Place of Business:**

1063 GOLDEN LAKES BLVD  
326  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

P.O. BOX 212263  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 30-0104388

**Certificate of Status Desired:** No

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

MORGAN, STEDSON  
1205 45TH STREET #1F  
WEST PALM BEACH, 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            MORGAN, STEDSON  
Address        1205 45TH STREET #1F  
City-State-Zip: WEST PALM BEACH FL 33407

Title            D  
Name            WALTERS, KEISHA D  
Address        18928 41ST RD. N.  
City-State-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:** STEDSON MORGAN

P

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date