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.

Ρ

SIGNATURE: STEDSON MORGAN

Electronic Signature of Signing Officer/Director Detail

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

Name and Address of Current Registered Agent:

MORGAN, STEDSON 1205 45TH STREET #1F WEST PALM BEACH, FL 33407 US Certificate of Status Desired: No

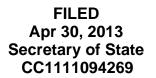
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | P | Title | D |
|-----------------|--------------------------|-----------------|----------------------|
| Name | MORGAN, STEDSON | Name | WALTERS, KEISHA D |
| Address | 1205 45TH STREET #1F | Address | 18928 41ST RD. N. |
| City-State-Zip: | WEST PALM BEACH FL 33407 | City-State-Zip: | LOXAHATCHEE FL 33407 |



Date