

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058297

Entity Name: TLAY HEALTHCARE SERVICES INC.**Current Principal Place of Business:**2744 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086**Current Mailing Address:**2744 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086 US**FEI Number:** 55-0917731**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IMELDA, NWOGA
2744 US HWY 1 SOUTH
SUITE 4
SAINT AUGUSTINE, FL 32086 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 ADMN
Name NWOGA, IMELDA AOWNER
Address 2744 US HWY 1 SOUTH, SUITE 4
City-State-Zip: SAINT AUGUSTINE FL 32086

Title P
Name NWOGA, IMELDA
Address 2744 US HWY 1 SOUTH, STE. 4
City-State-Zip: SAINT AUGUSTINE FL 32086

Title T
Name NWOGA, JUDE
Address 2744 US HWY 1 SOUTH, STE. 4
City-State-Zip: SAINT AUGUSTINE FL 32086

Title S
Name NWOGA, TOCHI
Address 2744 US HWY 1 SOUTH, STE. 4
City-State-Zip: SAINT AUGUSTINE FL 32086

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: IMELDA NWOGA**ADMINISTRATOR****04/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date