2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
CC8108979866

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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	Title	P
Name	NWOGA, IMELDA AOWNER	Name	NWOGA, IMELDA
Address	2744 US HWY 1 SOUTH, SUITE 4	Address	2744 US HWY 1 SOUTH, STE. 4
City-State-Zip:	SAINT AUGUSTINE FL 32086	City-State-Zip:	SAINT AUGUSTINE FL 32086
Title	T	Title	S
Name	NWOGA, JUDE	Name	NWOGA, TOCHI
Address	2744 US HWY 1 SOUTH, STE. 4	Address	2744 US HWY 1 SOUTH, STE. 4
City-State-Zip:	SAINT AUGUSTINE FL 32086	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 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date