

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043945

Entity Name: MEL-BAY HEALTH CARE, INC.

Current Principal Place of Business:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955

Current Mailing Address:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955 22

FEI Number: 27-3190586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KISHORE, PATSAMATLA
3643 MIDDLEBURG LN, APT 111
ROCKLEDGE, FL 32955 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 DTR
Name PATSAMATLA, KISHORE R
Address 3643 MIDDLEBURG LANE, APT #111
City-State-Zip: ROCKLEDGE FL 32955

Title DTR
Name PATSAMATLA, SWAPNA P
Address 3643 MIDDLEBURG LN, APT 111
City-State-Zip: ROCKLEDGE FL 32955

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: KISHORE R PATSAMATLA

DIRECTOR

01/27/2013

Electronic Signature of Signing Officer/Director Detail

Date