

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001637

FILED
Jan 17, 2006
Secretary of State

Entity Name: WARE HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

112 NORTH MADISON STREET
QUINCY, FL 32351

New Principal Place of Business:

1001 DOGWOOD DR
QUINCY, FL 32351

Current Mailing Address:

1702 EAST BROAD AVE.
ALBANY, GA 31705

New Mailing Address:

FEI Number: 58-2540134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: WARE, WILLIE M
Address: 214 EDISON DR.
City-St-Zip: ALBANY, GA 31705

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: WARE, JR., RICHARD E
Address: 1807 WHISPERWOOD ST
City-St-Zip: ALBANY, GA 31721

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD. E WARE, JR.

VP

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date