

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006202

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: IDEAL ISLAND HEALTH CARE, INC.

**Current Principal Place of Business:**

3 WEST PERRY STREET  
SAVANNAH, GA 31401

**New Principal Place of Business:**

**Current Mailing Address:**

3 WEST PERRY STREET  
SAVANNAH, GA 31401

**New Mailing Address:**

FEI Number: 57-1017624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROGAN, JOAN  
1136 ARLINGWOOD AVE.  
JACKSONVILLE, FL 32211 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: CP ( ) Delete  
Name: BOLCH, ELLEN B  
Address: 3 WEST PERRY STREET  
City-St-Zip: SAVANNAH, GA 31401

Title: ST ( ) Delete  
Name: EBBERWEIN, JOSEPH  
Address: 3 WEST PERRY STREET  
City-St-Zip: SAVANNAH, GA 31401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH EBBERWEIN

ST

07/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date