2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K18608

Entity Name: CIRCULATORY SERVICES, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1601 DRILER RD. VA HOSPITAL GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

10904 SW 27 AVE
GAINESVILLE, FL 32608

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GAINESVILLE, FL 32607

FEI Number: 59-2904032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANES, MICHAEL B. 315 SE 11TH ST FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEARN, RONALD JAMES JR. LEARN, RONALD JAMES JR. Name: Name: 10904 SW 27TH AVE Address: 10904 SW 27TH AVE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32607

Title: VT () Delete Title: () Change () Addition

 Name:
 JAMES, JEFFREY A
 Name:

 Address:
 247 SW 129TH TERRACE
 Address:

 City-St-Zip:
 NEWBERRY, FL 32669
 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: JEFFREY A JAMES VP 01/16/2008