

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56096

**FILED**  
**Mar 07, 2005**  
**Secretary of State**

**Entity Name:** FEDERAL HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

150 N.W. 70TH AVE, SUITE 4  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

8890 W. OAKLAND PARK BLVD.,  
SUITE 200  
SUNRISE, FL 33351 US

**Current Mailing Address:**

P.O. BOX 1956  
HATTIESBURG, MS 394031956 US

**New Mailing Address:**

FEI Number: 65-0094653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAYNE, W.A.  
9011 HIGHWAY 98 W  
#905  
DESTIN, FL 32541 US

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

PAYNE, W.A.  
9001 HIGHWAY 98 W  
#905  
DESTIN, FL 32541 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

03/07/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PAYNE, W. A.,  
Address: 9011 HIGHWAY 98 W #905  
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete  
Name: PAYNE, WILFORD A III  
Address: 325 SUNSET DRIVE UNIT D  
City-St-Zip: FT LAUDERDALE, FL 33307

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

Title: MR (X) Change ( ) Addition  
Name: PAYNE, WILFORD A CHAIRMA  
Address: 9001 HIGHWAY 98 W #905  
City-St-Zip: DESTIN, FL 32550

Title: MR. (X) Change ( ) Addition  
Name: PAYNE, WILFORD A PRESIDE  
Address: 9001 HIGHWAY 98W #907  
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILFORD A PAYNE

Electronic Signature of Signing Officer or Director

PRES

03/07/2005

Date