

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56096

FILED
Jan 05, 2009
Secretary of State

Entity Name: FEDERAL HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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.
9001 HIGHWAY 98 W
#905
DESTIN, FL 32541 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: MR () Delete
Name: PAYNE, JR., WILFORD A CHAIRMA
Address: 9001 HIGHWAY 98 W #905
City-St-Zip: DESTIN, FL 32550

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

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: ANTHONY A BLAKENEY

CFO

01/05/2009

Electronic Signature of Signing Officer or Director

Date