

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006497

FILED
Jun 14, 2006
Secretary of State

Entity Name: EXTENDED HEALTHCARE SERVICES INC

Current Principal Place of Business:

1021 SE 15ST
GAINESVILLE, FL 32614 US

New Principal Place of Business:

3125 NW 46 PL
GAINESVILLE, FL 32605 US

Current Mailing Address:

19 SE 49TH DR
GAINESVILLE, FL 32614

New Mailing Address:

1101 ESPLANADE AVE TRAILER #8
NEW ORLEANS, LA 70116

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, CECILIA
3125 NW 46 PL
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

WILLIAMS, CECILIA
3125 NW 46 PL
GAINESVILLE, FL 32605 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: _____

06/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILES, HAROLD E
Address: 19 SE 49TH
City-St-Zip: GAINESVILLE, FL 32614

Title: VP () Delete
Name: BURKETT, AARON L
Address: 10958 HORSETRACK DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: SEC () Delete
Name: ROLLINS, FRANCES
Address: 5401 SW 62ND AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA () Delete
Name: MILES, LUCILLE
Address: 19 SE 49 DR
City-St-Zip: GAINESVILLE, FL 32614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD MILES

PRES

06/14/2006

Electronic Signature of Signing Officer or Director

Date