

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006497

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** EXTENDED HEALTHCARE SERVICES INC

**Current Principal Place of Business:**

3125 NW 46 PL  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 ESPLANADE AVE TRAILER #8  
NEW ORLEANS, LA 70116

**New Mailing Address:**

**FEI Number:** 59-3599434 **FEI Number Applied For ( )** **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:**

**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: \_\_\_\_\_

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 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

09/05/2007

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

\_\_\_\_\_  
Date