2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N06000003013

Entity Name: MAZLYNN HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 238
PINETTA, FL 32350 US

New Principal Place of Business:

1458 N.E. POST ROAD
MADISON, FL 32340 US

Current Mailing Address:

P.O. BOX 238
PINETTA, FL 32350 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUGH, BOBBY D
1458 NE POST ROAD
MADISON, FL 32340 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PUGH, BOBBY D
Address: 1458 NE POST ROAD
City-St-Zip: MADISON, FL 32340 US

Title: VP ( ) Delete
Name: DYKES, KENNETH E SR.
Address: 139 NW HAYNES STREET
City-St-Zip: MADISON, FL 32340

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 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: BOBBY D. PUGH PRES 01/25/2007
Electronic Signature of Signing Officer or Director — Date