

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100153

FILED
Apr 27, 2004
Secretary of State

Entity Name: VICKA HEALTH CARE SERVICES INC.

Current Principal Place of Business:

2300 PALM BEACH LAKE BLVD
STE 202
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243314
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 30-0104388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, JERMAINE
8685 BINGHAMTON AVE
BOYNTON BEACH, FL 33436

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: P () Delete
Name: VICKERS, JERMAINE
Address: 8685 BIRGHMTON AVE.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR () Delete
Name: MORGAN, STEDSON
Address: 8685 BIRGHAMTON AVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MGR (X) Change () Addition
Name: MEIKLE, OWEN
Address: 308 WILD OATS COURT
City-St-Zip: WEST PALM BEACH, FL 3341

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: O. MEIKLE

MGR

04/27/2004

Electronic Signature of Signing Officer or Director

Date