

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000009178

FILED
Apr 26, 2005
Secretary of State

Entity Name: A-1 HEALTH & HUMAN SERVICES, INC.

Current Principal Place of Business:

2057 S US 1
FT PIERCE, FL 34950

New Principal Place of Business:

3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953

Current Mailing Address:

2057 S US 1
FT PIERCE, FL 34950

New Mailing Address:

3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953

FEI Number: 74-3077546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALPH, FLOWERS
2057 S US 1
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

WILLIAMS, PATRICIA
3364 SW CRESTVIEW RD
PORT ST. LUCIE, FL 34953 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: PATRICIA WILLIAMS

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: JOHNSON, AL
Address: 1127 SW FORESTHILL COVE
City-St-Zip: PT ST LUCIE, FL 34986

Title: VT () Delete
Name: JOHNSON, AL
Address: 1127 SW FORESTHILL COVE
City-St-Zip: PT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: WILLIAMS, PATRICIA
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PT ST LUCIE, FL 34953

Title: DT (X) Change () Addition
Name: WILLIAMS, PATRICIA
Address: 3364 SW CRESTVIEW RD
City-St-Zip: PT ST LUCIE, FL 34953

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: PATRICIA WILLIAMS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date