2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2008
Secretary of State

DOCUMENT# P03000082894

Entity Name: SAMLAND HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

5740 HOLLYWOOD BLVD SUITE 203
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5740 HOLLYWOOD BLVD SUITE 203
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 75-3127519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMPANG, FLORA L
5740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021 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: DP ( ) Delete
Name: SAMPANG, FLORA
Address: 4320 MONTROSE AVENUE
City-St-Zip: CHICAGO, IL 60641

Title: DVP ( ) Delete
Name: SAMPANG, ALFREDO C
Address: 4320 MONTROSE AVENUE
City-St-Zip: CHICAGO, IL 60641

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

SIGNATURE: FLORA L. SAMPANG DP 06/09/2008

Electronic Signature of Signing Officer or Director — Date