

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122330

FILED
Mar 15, 2011
Secretary of State

Entity Name: MEDICAL HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

474 LAKEPARK TRAIL
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

474 LAKEPARK TRAIL
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 42-1609758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGDA, YUGAL K
474 LAKEPARK TRAIL
OVIEDO, FL 32765 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: PSD
Name: NAGDA, YUGAL K
Address: 474 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: DIR
Name: NAGDA, SHIKHA
Address: 474 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: YUGAL NAGDA

PSD

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date