2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90078 043 ***150.00

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1. Entity Name
BLUE ANGEL HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
677 N WASHINGTON BLVD SARASOTA, FL 34236	677 N WASHINGTON BLVD SARASOTA, FL 34236

01252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4417 9th Ave East	703 60 St. Crt E
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite G
City & State: Bradenton, Fl	City & State: Bradenton, Fl
Zip: 34208 Country:	Zip: 34208 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUERAKHAN, JEFFERSON D
3509 CHESHIRE SQUARE UNIT A
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: CRATON, NICCI
Street Address (P.O. Box Number is Not Acceptable): 703 60th Street Court E
Suite G
City: Bradenton FL Zip Code: 34208

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nicci Craton 1/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P JUERAKHAN, JEFFERSON D 3509 CHESHIRE SQUARE UNIT A SARASOTA, FL 34237	☒ Delete
VP JUERAKHAN, MARGARETTE 3509 CHESHIRE SQUARE UNIT A SARASOTA, FL 34237	☒ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
PD Mary Sue Sandoval 4417 9th Ave. East Bradenton, Fl 34208	☐ Change	☒ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Sue Sandoval 1-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #