

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000023630

FILED
Feb 14, 2006
Secretary of State**Entity Name:** BLUE ANGEL HEALTH CARE SERVICES, INC.**Current Principal Place of Business:**4417 9TH AVE EAST
BRADENTON, FL 34208**New Principal Place of Business:****Current Mailing Address:**703 60 ST. CRT. E
STE. G
BRADENTON, FL 34208**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRATON, NICCI
703 60TH ST. CRT. E
STE. G
BRADENTON, FL 34208 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: P () Delete
Name: SANDAVOL, MARY SUE
Address: 4417 9TH AVE. EAST
City-St-Zip: BRADENTON, FL 34208

Title: VP (X) Delete
Name: JUERAKHAN, MARGARETTE
Address: 3509 CHESHIRE SQUARE UNIT A
City-St-Zip: SARASOTA, FL 34237

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 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: MARY SUE SANDOVAL

P

02/14/2006

Electronic Signature of Signing Officer or Director

Date