


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90109 042 \*\*\*150.00

<b>DOCUMENT # P04000023630</b>	
1. Entity Name BLUE ANGEL HEALTH CARE SERVICES, INC.	

Principal Place of Business 4417 9TH AVE EAST BRADENTON, FL 34208	Mailing Address 703 60 ST. CRT. E STE. G BRADENTON, FL 34208
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60002783



2. Principal Place of Business - No P.O. Box # 1020 65th CT E	3. Mailing Address 1020 65th CT E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State BRADENTON FI	City & State BRADENTON FI
Zip 34208	Country MANATEE
Zip 34208	Country MANATEE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CRATON, NICCI 703 60TH ST. CRT. E STE. G BRADENTON, FL 34208	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1020 65th CT E
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 <i>Nicci Craton</i>	DATE 1/10/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SANDAVOL, MARY SUE 4417 9TH AVE. EAST BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <i>Mary Sue Sandora</i>	DATE 1-10-07