


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90027 037 ***158.75

DOCUMENT # P04000082315		
1. Entity Name JOYAL HEALTH CARE SERVICES, INC.		

Principal Place of Business 9905 ST. SUGUSTINE RD SUITE #203- 503 JACKSONVILLE, FL 32257	Mailing Address 9905 ST. SUGUSTINE RD SUITE #203 JACKSONVILLE, FL 32257
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2. Principal Place of Business 9905 St. Augustine Rd. Suite, Apt. #, etc. Suite 503 City & State Jacksonville, FL Zip 32257 Country USA		3. Mailing Address 9905 St. Augustine Rd. Suite, Apt. #, etc. Suite 503 City & State Jacksonville, FL Zip 32257 Country USA	
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01272006 Chg-P CR2E034 (11/05)

4. FEI Number 47-0942268	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, JOYCELYN H 9905 ST AUGUSTINE ROAD SUITE 203 JACKSONVILLE, FL 32257	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

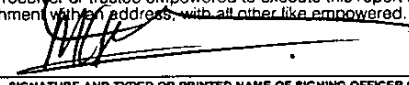
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  JOYCELYN H. MORGAN, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/27/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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,D MORGAN, JOYCELYN H 9905 ST AUGUSTINE ROAD SUITE 203 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  1/27/06 (904) 448-1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #