2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P04000082315

Entity Name: JOYAL HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

9905 ST. AUGUSTINE RD
SUITE #503
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9905 ST. AUGUSTINE RD
SUITE #503
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 47-0942268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, JOYCELYN H
9905 ST AUGUSTINE ROAD
SUITE 203
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

MORGAN, JOYCELYN H
9905 ST AUGUSTINE ROAD
SUITE 503
JACKSONVILLE, FL 32257 US

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: JOYCELYN MORGAN 02/19/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: MORGAN, JOYCELYN H
Address: 9905 ST AUGUSTINE ROAD SUITE 203
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition
Name: MORGAN, JOYCELYN H
Address: 9905 ST AUGUSTINE ROAD SUITE 503
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: JOYCELYN MORGAN P 02/19/2008
Electronic Signature of Signing Officer or Director Date