

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082574

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: AMONET HEALTHCARE INTERNATIONAL, INC.

## Current Principal Place of Business:

3434 KNIGHTS STATION RD  
LAKELAND, FL 33810 US

## New Principal Place of Business:

## Current Mailing Address:

3434 KNIGHTS STATION RD  
LAKELAND, FL 33810 US

## New Mailing Address:

FEI Number: 26-0112262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKINOLA, AMOS DR  
3434 KNIGHTS STATION RD  
LAKELAND, FL 33810 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/C ( ) Delete  
Name: AKINOLA, AMOS  
Address: 606 BIRKDALE STREET  
City-St-Zip: DAVENPORT, FL 33897 US

Title: V ( ) Delete  
Name: GIBBONS, OLUWAYEMISI  
Address: 36 DICKENS RISE  
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY UK

Title: D ( ) Delete  
Name: OKUBANJO, ABIOLA  
Address: 36 DICKENS RISE  
City-St-Zip: CHIGWELL, ESSEX, UK 1G7 6NY UK

Title: S ( ) Delete  
Name: AKINOLA, OLUWAKAYODE  
Address: 36 DICKENS RISE  
City-St-Zip: CHIGWELL, ESSEX, UK 1G7 6NY UK

Title: D ( ) Delete  
Name: AKINOLA, YETUNDE  
Address: 36 DICKENS RISE  
City-St-Zip: CHIGWELL, ESSEX, UK 1G7 6NY UK

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: AMOS AKINOLA

P/C

04/01/2009

Electronic Signature of Signing Officer or Director

Date