2005 FOR PROFIT CORPORATION ANNUAL REPORT

| ANAMOUR SERVICE STATE OF COLORS AND PRECIONS OF SERVICE STATE AND | DOCUMENT # P04000116448 1. Entity Name IDEAL HEALTHCARE INC. | | | | | 05 NOV | 29 AM 8:5 | 7 |
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| 2. PROCUE CUT LOW RCL 3. Malern, Accides South April 4, etc. South, April 4, etc. County South Mark 500. County 3.55 Country 5. Control 3.5 Lower Part Application of South April 4, etc. County 3.55 Country 5. Country 5. Control 3.5 Lower Part Application of South April 4, etc. April 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Seek Address (P.O. Box Murritor is Not Acceptable) Since Address (P.O. Box Murritor is Not Acc | 3805 WINDING LAKE CIRCLE 3805 WINDIN | | | CLE | | . TALLAIS | golfa FLORI | E OS |
| A M NGC DOT, FL DOGSS, S. COURTY 30 Courtry 30 Courtry 30 Courtry 30 SB.75 Academical SB.75 | 2. Principal Place of Business 2. Mailing Address 1889 CUP LEW Rd 3. Mailing Address 12806 Eagles E | | | | 09142005 | Chg-P | CR2E034 (10/03) | |
| Size 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 Florids. I am familiar with, and accept the obligations of registered agent in changing its registered agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and the statement for the purpose of changing its registered agent and the statement for the purpose of changing its registered agent and the statement for the purpose of changing its registered agent and the statement for the purpose of changing its registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. or both in the State of Florids. I am familiar with, and accept the obligations of registered agent. FILE NOWILI FEE IS \$150.00 Drub by October 1, 2005 PELECTOR Campage Financing State Augusts OFFICERS AND DIRECTORS IN 11 III. Drub Dollar Do | Yalm Nar Dor, FL Odessa, F Zip 34683 Country 33556 Co. | | | Country | 5. Certificate | 248136 of Status Desired | \$8.75 Ac Fee Requir | ot Appticable |
| 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signate Special prints Signate | 3805.WINDING LAKE CIRCLE | | | | | | | |
| SIGNATURE: Signature Sign | | | | | FL Zip Code | | | |
| FILE NOWILI FEE IS \$150.00 Due by October 1, 2005 9. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E D GGUN, ABIMBOLA S MAKE STRETA NORSS SISTET NO | 8. The above the obligat | named entity submits this statement for lons of registered agent. | the purpose of changing its re | egistered office or regi | stered agent, or bo | oth, in the State of Flori | da. I am famsar with | , and accept |
| Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE D Clumps MAME MA | SIGNATURE | Signature, typed or printed name of registored agent ar | nd the diapproacte (NOTE I | Regulatered Agent suprature req | ured when remacing) | | DATE | |
| TITLE DOGUN, ABIMBOLA S SIRECT ADDRESS CITY-ST-2PP CITY. ST-2PP CITY. | , | | | | In accordance will corporation did no | th s. 607.193(2)(b) ot receive the prior | , F.S., the notice. | |
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