2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/4/

FILED
Jun 02, 2005 8:00 am
Secretary of State
04-20-2005 90316 029 ***150.00

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1. Entity Name
EZ HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
221 PINE CONE LN LONGWOOD, FL 32779	221 PINE CONE LN LONGWOOD, FL 32779

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1566376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEIDWERG, EDWARD L
111 N ORANGE AVE STE 1200
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

FL

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZEIDWERG, EDWARD L 221 PINE CONE LN LONGWOOD, FL 32779	☐ Delete	D, P, S, T	☒ Change	☐ Addition
		☐ Delete	D, VP ZEIDWERG, Ariane 221 Pine Cone Lane Longwood, FL 32779	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: E. Zeidwerg 12 May 05 407 962-0500
(SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)