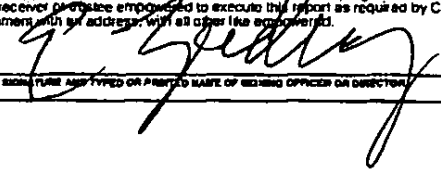


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/14/

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-20-2005 90316 029 ***150.00

DOCUMENT # P04000125650 1. Entity Name EZ HEALTH SERVICES, INC.					
Principal Place of Business 221 PINE CONE LN LONGWOOD, FL 32779			Mailing Address 221 PINE CONE LN LONGWOOD, FL 32779		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04182005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-1566376	
Zip		Country		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 State applicable. (NOTE: Registered Agent signature required when removing)					
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 Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0. ZEIDWERG, EDWARD L 221 PINE CONE LN LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D, P, S, T ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D, VP ZEIDWERG, Ariane 221 Pine Cone Lane Longwood, FL 32779 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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 807, 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 empowerment.					
SIGNATURE: 			12 May 05 407 962-0500 Date Daytime Phone		