

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State



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03122007 Chg-P CR2E034 (12/06)

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| DOCUMENT # P05000057485 | |  | |
| 1. Entity Name SYBIL'S PATIENT COMPANION SERVICES, INC. | | | |
| Principal Place of Business 306 PINE SHORE DR 306 SARASOTA, FL 34231 | | Mailing Address 306 PINE SHORE DR 306 SARASOTA, FL 34231 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 52-2452350 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCWHRTER, SYBIL S 306 PINE SHORE DR SARASOTA, FL 34231 | | 7. Name and Address of New Registered Agent Name H & R Block Street Address (P.O. Box Number is Not Acceptable) 67th STREET PLAZA City SARASOTA FL Zip Code 34236 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PST MCWHORTER, SYBIL S 306 PINE SHORE DR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SYBIL'S MCWHORTER 1840 MORRILL ST #106 SARASOTA FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NONE <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NONE <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | 3-20-07 941-952-0140 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |