

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064960

FILED
Mar 28, 2007
Secretary of State

Entity Name: ANKOD HEALTHCARE SERVICES INC.

Current Principal Place of Business:

4960 N. PINE ISLAND RD
LAUDERHILL, FL 33351

New Principal Place of Business:

5301 N. FEDERAL HIGHWAY
SUITE 380
BOCA RATON, FL 33487

Current Mailing Address:

P.O. BOX 25511
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 56-2632403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OCCENAD, ANDY
P.O. BOX 25511
TAMARAC, FL 33320 US

Name and Address of New Registered Agent:

OCCENAD, ANDY
5301 N. FEDERAL HIGHWAY
SUITE 380
BOCA RATON, FL 33487 US

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: ANDY OCCENAD

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: OCCENAD, ANDY
Address: P.O. BOX 25511
City-St-Zip: TAMARAC, FL 33320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OCCENAD, ANDY
Address: 5301 N. FEDERAL HIGHWAY, SUITE 380
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDY OCCENAD

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date