# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P05000070443

**Entity Name:** AGS HEALTHCARE SPECIALISTS, INC.

**Current Principal Place of Business:**

14906 WINDING CREEK COURT
D-104
TAMPA, FL 33613 US

**New Principal Place of Business:**

14902 WINDING CREEK COURT
105-C
TAMPA, FL 33613 US

**Current Mailing Address:**

14906 WINDING CREEK COURT
D-104
TAMPA, FL 33613 US

**New Mailing Address:**

18206 FOX TRACE COURT
LUTZ, FL 33549 US

**FEI Number: 20-2840582** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, VIVIENNE A
18206 FOX TRACE COURT
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: EVANS, VIVIENNE A
Address: 18206 FOX TRACE COURT
City-St-Zip: LUTZ, FL 33549 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VIVIENNE A EVANS PRES 04/30/2009

Electronic Signature of Signing Officer or Director Date