

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 049 ***150.00

DOCUMENT # P06000058297

1. Entity Name
TLAY HEALTHCARE SERVICES INC.



40113702

Principal Place of Business
**1061 EAGLE PT DR
ST AUGUSTINE, FL 32092**

Mailing Address
**1061 EAGLE PT DR
ST AUGUSTINE, FL 32092**

2. Principal Place of Business - No P.O. Box #
2744 US 1 South
Suite, Apt. #, etc.
St. Augustine FL
City & State

3. Mailing Address
1205 Ellington Ct.
Suite, Apt. #, etc.
St. Augustine FL
City & State

Zip
32086
Country
St. Johns

Zip
32084
Country
St. Johns

05112007 Chg-P CR2E034 (12/06)

4. FEI Number
550917731
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNEGBU, TITILAYO
1061 EAGLE PT DR
ST AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent

Name
IMELDA A. Nwoga
Street Address (P.O. Box Number is Not Acceptable)
1205 Ellington Court.
St. Augustine
City **St. Augustine** **FL** Zip Code **32084**

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: **Imelda A. Nwoga** **05/14/07**
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNEGBU, TITILAYO 1061 EAGLE PT DR ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Imelda Nwoga 1205 Ellington Ct St. Augustine FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Imelda A. Nwoga** **5/11/07** **904-347-4357**
Signature and typed or printed name of signing officer or director Date Daytime Phone #