

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-15-2007 90005 049 ***150.00

40113702

DOCUMENT # P06000058297		
1. Entity Name TAY HEALTHCARE SERVICES INC.		

Principal Place of Business 1061 EAGLE PT DR ST AUGUSTINE, FL 32092	Mailing Address 1061 EAGLE PT DR ST AUGUSTINE, FL 32092
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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
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Zip 32086	Country St. Johns	Zip 32084	Country St. Johns
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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 City St. Augustine FL Zip Code 32084
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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 DATE: 05/14/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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	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"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/07 904-347-4357
Date Daytime Phone #