## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058297

Entity Name: TLAY HEALTHCARE SERVICES INC.

**FILED** Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2744 US 1 SOUTH 2744 US HWY 1 SOUTH

SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086

**Current Mailing Address: New Mailing Address:** 

2744 US HWY 1 SOUTH 1205 FLIMGTON CT SAINT AUGUSTINE, FL 32084 SAINT AUGUSTINE, FL 32086

FEI Number: 55-0917731 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NWOGA, IMELDA A IMELDA, NWOGA A OWNER 2744 US HWY 1 SOUTH 1205 ELLMGTON CT

SAINT AUGUSTINE, FL 32084 US SAINT AUGUSTINE, FL 32086 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: IMELDA A. NWOGA, RN, MSC, MSN, PHD. 04/25/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: ADMN

MWOGA, IMELDA Name: Name: NWOGA, IMELDA A OWNER

1205 ELLMGTON CT. 2744 US HWY 1 S Address: Address:

City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32086

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: IMELDA A. NWOGA, RN, MSC, MSN, PHD. **ADMN** 04/25/2008

Electronic Signature of Signing Officer or Director

Date