2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: TLAY HEALTHCARE SERVICES INC.

Current Principal Place of Business:

2744 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

2744 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086 US

Current Mailing Address:

2744 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Mailing Address:

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

Name and Address of Current Registered Agent:

IMELDA, NWOGA
2744 US HWY 1 SOUTH
SUITE 4
SAINT AUGUSTINE, FL 32086 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

OFFICERS AND DIRECTORS:

Title: ADMN
Name: NWOGA, IMELDA A OWNER
Address: 2744 US HWY 1 SOUTH, SUITE 4
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: P
Name: NWOGA, IMELDA
Address: 2744 US HWY 1 SOUTH, STE. 4
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: T
Name: NWOGA, JUDE
Address: 2744 US HWY 1 SOUTH, STE. 4
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: S
Name: NWOGA, TOCHI
Address: 2744 US HWY 1 SOUTH, STE. 4
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

I hereby 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 all other like empowered.

SIGNATURE: IMELDA A NWOGA ADMN 01/06/2011

Electronic Signature of Signing Officer or Director Date