

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112492

FILED
Mar 21, 2011
Secretary of State

Entity Name: MURRAY HEALTHCARE SERVICES INC.

Current Principal Place of Business:

835 SW. VINELAND COURT
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

835 SW. VINELAND COURT
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 83-0464517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, CHRISTINE
835 SW. VINELAND COURT
PORT ST. LUCIE, FL 34986 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: P/D
Name: MURRAY, CHRISTINE
Address: 835 SW. VINELAND COURT
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VP/T
Name: MURRAY, CHRISTINE
Address: 835 SW. VINELAND COURT
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: S
Name: MURRAY, CHRISTINE
Address: 835 SW. VINELAND COURT
City-St-Zip: PORT ST. LUCIE, FL 34986 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: CHRISTINE MURRAY

P/D

03/21/2011

Electronic Signature of Signing Officer or Director

Date