

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000068107

**FILED**  
**Nov 19, 2012**  
**Secretary of State**

**Entity Name:** BAYUS HEALTHCARE SERVICES INCORPORATED

**Current Principal Place of Business:**

99 NW 183RD STREET  
SUITE 124  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

18350 NW 2ND AVENUE  
SUITE 401  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

99 NW 183RD STREET  
SUITE 124  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

18350 NW 2ND AVENUE  
SUITE 401  
MIAMI GARDENS, FL 33169

**FEI Number:** 14-2003162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOKUNBI, OLALEKAN  
99 NW 183RD STREET  
SUITE 124  
MIAMI GARDENS, FL 33169 US

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

SHOKUNBI, OLALEKAN  
18350 NW 2ND AVENUE  
SUITE 401  
MIAMI GARDENS, FL 33169 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: OLALEKAN SHOKUNBI

11/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: SHOKUNBI, OLALEKAN  
Address: 18350 NW 2ND AVENUE, #401  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VD  
Name: SHOKUNBI, OLOLADE  
Address: 18350 NW 2ND AVENUE, #401  
City-St-Zip: MIAMI GARDENS, FL 33169

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: OLALEKAN SHOKUNBI

PRES

11/19/2012

Electronic Signature of Signing Officer or Director

Date