2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P07000127595

Entity Name: KAY HEALTH SERVICES, INC.

Current Principal Place of Business:

4180 SW BELSHAW STREET
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

4400 NORTH FEDERAL HYWAY
SUITE 51
BOCA RATON, FL 33431 US

Current Mailing Address:

4180 SW BELSHAW STREET
PORT ST LUCIE, FL 34953 US

New Mailing Address:

4400 NORTH FEDERAL HYWAY
SUITE 51
BOCA RATON, FL 33431 US

FEI Number: 26-1497552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULINA, SHEILA
4180 SW BELSHAW STREET
PORT ST LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POULINA, SHEILA
Address: 4180 SW BELSHAW STREET
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SPOULINA P 02/19/2008

Electronic Signature of Signing Officer or Director Date