

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023927

FILED
Mar 19, 2012
Secretary of State

Entity Name: ALL YOU NEED HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

7600 GREENVILLE CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

140-39 243 STREET
ROSEDALE, NY 11422

New Mailing Address:

FEI Number: 26-4414916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGLOIRE, MARGUERITE
7600 GREENVILLE CIRCLE
LAKE WORTH, FL 33467 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/CE
Name: MAGLOIRE, MARGUERITE
Address: 140-39 243 STREET
City-St-Zip: ROSEDALE, NY 11422

Title: CFO
Name: MAGLOIRE, PETERSON
Address: 7600 GREENVILLE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: COO
Name: GUILLAUME, DIANNE
Address: 2150 HOFFMAN AVENUE
City-St-Zip: ELMONT, NY 11003

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: MARGUERITE MAGLOIRE

CEO

03/19/2012

Electronic Signature of Signing Officer or Director

Date