2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

DOCUMENT# P09000048034

Entity Name: AFTERHOURS HEALTHCARE INC

Current Principal Place of Business:

4721 E MOODY BLVD, SUITE 204
BUNNELL, FL 32110

New Principal Place of Business:

4721 E MOODY BLVD, SUITE 204
BUNNELL, FL 32110 UN

Current Mailing Address:

4721 E MOODY BLVD, SUITE 204
BUNNELL, FL 32110

New Mailing Address:

PO BOX 1521
BUNNELL, FL 32110

FEI Number: 27-0295207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, JOELLA
3760 PEAR AVENUE
BUNNELL, FL 32110 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: PSTD
Name: HALL, JOELLA
Address: 3760 PEAR AVE
City-St-Zip: BUNNELL, FL 32110

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: JOELLA HALL PRES 03/01/2012
Electronic Signature of Signing Officer or Director Date