

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075933

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** MAGNA HEALTHCARE SERVICES CORPORATION

**Current Principal Place of Business:**

2708 FRUITVILLE ROAD  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

2708 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**Current Mailing Address:**

2708 FRUITVILLE ROAD  
SARASOTA, FL 34236 US

**New Mailing Address:**

2708 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

FEI Number: 27-0922927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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: PRES  
Name: COLBY, MARTHA  
Address: 2708 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34237 US

Title: S,D  
Name: HUFF, AVERY  
Address: 2708 FRUITVILLE ROAD  
City-St-Zip: SARASOTA, FL 34237 US

Title: T,D  
Name: COLBY, MARTHA  
Address: 2708 FRUITVILLE ROAD  
City-St-Zip: SARASOTA, FL 34237 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: MARTHA COLBY

PRES

04/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date