

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043945

Entity Name: MEL-BAY HEALTH CARE, INC.

FILED
Mar 27, 2011
Secretary of State

Current Principal Place of Business:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955

Current Mailing Address:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955

New Principal Place of Business:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955 22

New Mailing Address:

3643 MIDDLEBURG LANE
APT #111
ROCKLEDGE, FL 32955 22

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KISHORE, PATSAMATLA
3643 MIDDLEBURG LN, APT 111
ROCKLEDGE, FL 32955 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: KISHORE PATSAMATLA

03/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTR
Name: PATSAMATLA, KISHORE R
Address: 3643 MIDDLEBURG LANE, APT #111
City-St-Zip: ROCKLEDGE, FL 32955 22

Title: DTR
Name: PATSAMATLA, SWAPNA
Address: 3643 MIDDLEBURG LN, APT 111
City-St-Zip: ROCKLEDGE, FL 32955 22

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: KISHORE PATSAMATLA

DTR

03/27/2011

Electronic Signature of Signing Officer or Director

Date