

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000043945

Entity Name: MEL-BAY HEALTH CARE, INC.

**FILED**  
**Jul 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3643 MIDDLEBURG LANE  
APT #111  
ROCKLEDGE, FL 32955 22

**New Principal Place of Business:**

**Current Mailing Address:**

3643 MIDDLEBURG LANE  
APT #111  
ROCKLEDGE, FL 32955 22

**New Mailing Address:**

FEI Number: 27-3190586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Title: DTR  
Name: PATSAMATLA, SWAPNA P  
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

07/09/2012

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

\_\_\_\_\_  
Date