

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019238

Entity Name: NIRVANA HEALTH SERVICES, INC.

FILED  
Feb 05, 2007  
Secretary of State

## Current Principal Place of Business:

611 WYMORE ROAD  
202  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

611 WYMORE ROAD  
202  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 59-3229685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDEZ, LEO  
611 WYMORE ROAD  
STE 202  
WINTER PARK, FL 32789 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: PD ( ) Delete  
Name: MENDEZ, LEO  
Address: 611 WYMORE ROAD STE 202  
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete  
Name: MITCHELL, BECKY E  
Address: 611 WYMORE ROAD STE 2002  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MITCHELL, BECKY E  
Address: 611 WYMORE ROAD STE 202  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Change (X) Addition  
Name: PAULSEN, JANA  
Address: 611 WYMORE ROAD STE 202  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEO MENDEZ

PD

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date