2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P94000019238

Entity Name: NIRVANA HEALTH SERVICES, INC.

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: HEWITT, KELLY
Address: 611 WYMORE ROAD STE 202
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: ALLONG, ANDRE
Address: 611 WYMORE ROAD STE 202
City-St-Zip: WINTER PARK, FL 32789

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: ANDRE ALLONG D 04/18/2011

Electronic Signature of Signing Officer or Director — Date