2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000050158

1. Entity Name
SARAH HEALTH WAYS, INC.

Principal Place of Business	Mailing Address
153 TOWN & COUNTRY DR., #153 PALATKA, FL 32177 US	153 TOWN & COUNTRY DR., #153 PALATKA, FL 32177 US

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0502948
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BHATTI, IMTIAZ HR
149 CONFEDERATE POINT ROAD
PALATKA, FL 32177

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7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE Feb 6, 06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000428084
02/21/06-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BHATTI, IMTIAZ HR.
STREET ADDRESS	149 CONFEDERATE POINT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	BHATTI, SHAMIM I.
STREET ADDRESS	149 CONFEDERATE POINT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	T
NAME	BHATTI, SARAH I
STREET ADDRESS	149 CONFEDERATE POINT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #