

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041085

FILED
Apr 17, 2007
Secretary of State

Entity Name: SIGNATURE HEALTH SERVICES, INC.

Current Principal Place of Business:

1711 HAMMONDVILLE RD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1711 HAMMONDVILLE RD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0832664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, DALE
1711 HAMMONDVILLE RD
POMPANO BEACH, FL 33069 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: PSVD () Delete
Name: GIBSON, DALE
Address: 6410 NW 20TH COURT
City-St-Zip: SUNRISE, FL 33313

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVD (X) Change () Addition
Name: GIBSON, DALE
Address: 1711 HAMMONDVILLE ROAD
City-St-Zip: POMPANO, FL 33069

Title: MRS () Change (X) Addition
Name: SHAILILAH, BUCHANAN
Address: 1711 HAMMONDVILLE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: DR. () Change (X) Addition
Name: THINT, MAYMON
Address: 11269 ISLAND LAKES LANE
City-St-Zip: BOCA RATON, FL 33496

Title: DR. () Change (X) Addition
Name: HILL, DARNITA
Address: 1711 HAMMONDVILLE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: MRS () Change (X) Addition
Name: REID, LEONIE RN
Address: 1711 HAMMONDVILLE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: MR () Change (X) Addition
Name: GABRIEL, CECIL RN
Address: 1711 HAMMONDVILLE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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: DALE GIBSON

CEO

04/17/2007

Electronic Signature of Signing Officer or Director

Date