2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P98000050613

Entity Name: BLUE RIBBON HEALTH SERVICES, INC.

Current Principal Place of Business:

6909 E HIGHWYA 22
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6909 E HIGHWAY 22
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3517850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLS, RUSSEL A
4712 E. BAY DR.
PANAMA CITY, FL 32404 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: VP ( ) Delete
Name: NICHOLS, RUSSEL A JR.
Address: 13135 ALLANTON RD.
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: NICHOLS, RUSSEL A SR.
Address: 4712 E BAY DR
City-St-Zip: PANAMA CITY, FL 32404

Title: P ( ) Delete
Name: YOUNGBLOOD, BARBARA A
Address: 3638 LARK LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: S ( ) Delete
Name: FERRY, DAVID W
Address: 2602 GRANT AVE.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA A. YOUNGBLOOD P 04/14/2009

Electronic Signature of Signing Officer or Director — Date