2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

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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 ( )**

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
Name: NICHOLS, RUSSEL A JR.
Address: 13135 ALLANTON RD.
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

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: BARBARA A. YOUNGBLOOD P 04/01/2010

Electronic Signature of Signing Officer or Director Date