

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000050613

FILED
Jul 15, 2011
Secretary of State

Entity Name: BLUE RIBBON HEALTH SERVICES, INC.

Current Principal Place of Business:

6909 E HIGHWAY 22
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

6909 E HIGHWAY 22
PANAMA CITY, FL 32404 US

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

OFFICERS AND DIRECTORS:

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

Title: T
Name: FERRY, DAVID W
Address: 2602 GRANT AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: P
Name: FERRY, DAVID W
Address: 2602 GRANT AVENUE
City-St-Zip: PANAMA CITY, FL 324051223 US

Title: S
Name: IVEY, JENNIFER E
Address: 7207 KEIBER CIRCLE
City-St-Zip: YOUNGSTOWN, FL 32466

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: DAVID W. FERRY

PRES

07/15/2011

Electronic Signature of Signing Officer or Director

Date