
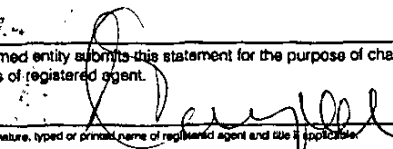
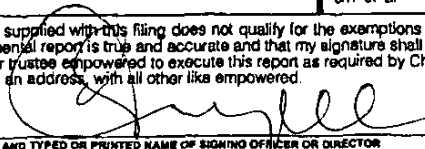


FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90003 008 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S35568			
1. Entity Name CERTIFIED HEALTH CARE SERVICES, INC.			
Principal Place of Business 3190 N STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US		Mailing Address 3190 N. STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business 8079 WORKING PARK BLVD Suite, Apt. #, etc.		3. Mailing Address 8079 WORKING PARK BLVD Suite, Apt. #, etc.	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33351		Zip 33351	
Country		Country	
02242006		Chg-P CR2E034 (11/05)	
4. FEI Number 65-0275037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent CAMPBELL, CLYTIE 12490 SW 7TH PLACE DAVIE, FL 33325		7. Name and Address of New Registered Agent Name CAMPBELL, CLYTIE Street Address (P.O. Box Number is Not Acceptable) 661 CARROT WOOD TERRACE City PLANTATION FL Zip Code 33324	
8. 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/6/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CLYTIE 12490 SW 7TH PL DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 661 CARROT WOOD TERRACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNFORD, MAIUA 12490 SW 7TH PL DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ANDREA 12490 SW 7TH PL DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANZO, SUZETTE 9864 NOB HILL LANE SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  3/6/06		Daytime Phone: 954 746 2400	