## FILED Mar 10, 2006 8:00 am Secretary of State 03-10-2006 90003 008 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION

DOCUMENT # \$35568  1. Entity Name CERTIFIED HEALTH CARE SERVICES, INC.  Principal Pace of Business 3190 N STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US  2. Principal Pace of Business 8.079 U ORKERNO PARE BLVD Suite, Apt. e. etc.  2. Principal Pace of Business 8.079 U ORKERNO PARE BLVD Suite, Apt. e. etc.  2. Principal Pace of Business 8.079 U ORKERNO PARE BLVD Suite, Apt. e. etc.  2. Principal Pace of Business 8. Chy & State Suite, Apt. e. etc.  2. Principal Pace of Business 8. Chy & State Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO PARE BLVD Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO Suite, Apt. e. etc.  3. Meiling Address 8. OPT U ORKERNO Suite, Apt. e. etc.  3. Applied Fc 65-0275037  S. Country  5. Country 5. Country 5. Country 5. Country 5. Country 5. Country 7. Name and Address of New Registance Agent Name 1. Applied Fc 1. Name Address of New Registance Agent Name 1. Applied Fc 1. Applied
3190 N. STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US  2. Principal Place of Business 2079 U. Christoph Park Run Suite, Apt. 6, etc.  City & State  Country  Zip Zip Zip Country Zip Zip S. Certificate of Stetus Desired Foe Required Foe Required  Foe Required  T. Name and Address of New Registered Agent  Name CAMPBELL, CLYTIE 12490 SW 7TH PLACE DAVIE, FL 33325  Street Address (P.D. Box Number is Not Acceptable) Lauder Street Address (P.D. Box Numb
Suite, Apt. #, etc.  O2242006 Chg-P CR2E034 (11/05)  Chy & State  Chy & State  Country  Signature and Address of Current Registered Agent  Name  CAMPBELL, CLYTIE  12490 SW 7TH PLACE  DAVIE, FL 33325  Street Address of Fp. Bax Numbor is Not Acceptable)  City  Ci
Signature typed or prinate person of registered agent   Signature typed or prinate person of registered agent agen
2ip Country 3335 Country 3335 S. Certificate of Stetus Desired 58.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CAMPBELL, CLYTIE 12490 SW 7TH PLACE DAVIE, FL 33325  City Country FL Zip Code 33325  6. The above named entity submits-this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and act the obligations of registered agent.  Signature, typed or prinateness of registered agent age
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na
CAMPBELL, CLYTIE 12490 SW 7TH PLACE DAVIE, FL 33325  Street Address (P.D. Box Number is Not Acceptable)  City  City  FL Zip Code 23.3.2.4  6. 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 acceptable of the obligations of registered organic.  SIGNATUREL  Signature, typed or prinate period agent and uses implication (NOTE: Registered Agent signature required when reinstating)  PILE NOWILL FEE IS \$150.00  9. Election Campsign Financing \$5.00 May Be
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 Rorida. I am familiar with, and acretic obligations of registered agent.  SIGNATURE  Signature, typed or principles of registered agent and take a port and t
the obligations of registered gigent.  SIGNATURE Signature, typed or printed name of registered agont and size is application. (NOTE: Registered Agont signature required when reinstating)  PILE NOWILL FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be
Signature, typed or princial name of registered agent and size it inplications (NOTE: Registered Agent signature required when reinstature)  PILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE D DOINE  NAME CAMPBELL, CLYTIE  STREET ADDRESS  12490 SW 7TH PL  STREET ADDRESS  CITY-ST-ZIP  DAVIE, FL  233344
TITLE D Delete TITLE Change AC  NAME MUNFORD, MAUVA STREET ADDRESS CITY-ST-ZIP DAVIE, FL CITY-ST-ZIP
TITLE D Deixte TITLE CAMPBELL, ANDREA STREET ADDRESS CITY-ST-ZIP DAVIE, FL CITY-ST-ZIP
TITLE D Delete TITLE COSTANZO, SUZETTE NAME COSTANZO, SUZETTE NAME  STREET ADDRESS  GITY-51-ZIP SUNRISE, FL CITY-51-ZIP
TITLE   Delate   TITLE   Change   A. NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP
TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP
12. Thereby 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 this and accurate and that my algorithms shall have the same legal effect as if made under cath, that I am an officer or directly of the comporation or the receiver or trustee expressived to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.
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