

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65189

FILED
May 01, 2009
Secretary of State

Entity Name: ULTRA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

21913 US HWY 19 N
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

21913 US HWY 19 N
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3074162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, ROBERT
501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAMIANI, DONNA
Address: 8131 CHANNEL DR
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DONNA DAMIANI

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date