

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78404

FILED
Jan 17, 2006
Secretary of State

Entity Name: HERITAGE HEALTH SERVICES, INC.

Current Principal Place of Business:

454 FURY'S FERRY ROAD
AUGUSTA, GA 30907

New Principal Place of Business:

2020 MCGEE ROAD
SNELLVILLE, GA 30078

Current Mailing Address:

454 FURY'S FERRY RD
SUITE C
AUGUSTA, GA 30907

New Mailing Address:

FEI Number: 58-1790029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, RICHARD G., JR
1318 SE 2ND AVE.
FT LAUDERDALE, FL 33316 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: DP () Delete
Name: MCKETTRICK, WILLIAM, T.
Address: 3729 FOXFIRE PLACE
City-St-Zip: AUGUSTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKETTRICK, WILLIAM, T.
Address: 3729 FOXFIRE PLACE
City-St-Zip: AUGUSTA, GA

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM T MCKETTRICK

P

01/17/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date