2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F11000004067

Entity Name: SHARED HEALTH SERVICES, INC.

Current Principal Place of Business:

207 E. MAIN STREET, SUITE 1E
JOHNSON CITY, TN 37604

New Principal Place of Business:

Current Mailing Address:

207 E. MAIN STREET, SUITE 1E
JOHNSON CITY, TN 37604

New Mailing Address:

FEI Number: 62-1586997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKETT, ROBIN
3290 WATERMAN WAY
TAVARES, FL 32778 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: P
Name: DAVIS, DAVID
Address: 207 E. MAIN STREET, SUITE 1E
City-St-Zip: JOHNSON CITY, TN 37604

Title: S
Name: DAVIS, JOYCE
Address: 207 E. MAIN STREET, SUITE 1E
City-St-Zip: JOHNSON CITY, TN 37604

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 DAVIS PRES 04/26/2012

Electronic Signature of Signing Officer or Director — Date