

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003598

FILED
Mar 31, 2011
Secretary of State

Entity Name: ASCENT HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

10232 S. 51ST ST.
PHOENIX, AZ 85044 US

New Principal Place of Business:

Current Mailing Address:

10232 S. 51ST ST.
PHOENIX, AZ 85044 US

New Mailing Address:

FEI Number: 86-0898793 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: FERREIRA, RICK PRES
Address: 10232 S. 51ST ST.
City-St-Zip: PHOENIX, AZ 85044 US

Title: D
Name: EINWECHTER, TIM CFO
Address: 10232 S 51ST ST
City-St-Zip: PHOENIX, AZ 85044

Title: D
Name: WINKEL, THOMAS R SECR
Address: 10232 S 51ST ST
City-St-Zip: PHOENIX, AZ 85044

Title: D
Name: BLONDIA, JEANNE M TREAS
Address: 10232 S 51ST ST
City-St-Zip: PHOENIX, AZ 85044Q

Title: D
Name: LUM, ERIC VP
Address: 10232 S 51ST ST
City-St-Zip: PHOENIX, AZ 85044

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: ERIC LUM

_____ Electronic Signature of Signing Officer or Director

VP

03/31/2011

_____ Date