

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161393

FILED
Sep 06, 2005
Secretary of State

Entity Name: WISDOM HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

13604 SE 108 COURT ROAD
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 157
CANDLER, FL 32111 US

New Mailing Address:

FEI Number: 20-1988446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, KAREN J
13606 SE 108 COURT ROAD
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

RILEY, KAREN J
13604 SE 108 COURT ROAD
OCKLAWAHA, FL 32179 US

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: KAREN J. RILEY

09/06/2005

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: PRES () Delete
Name: LASTER, JESSE L
Address: 13604 SE 108 COURT ROAD
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: VP () Delete
Name: RILEY, KAREN J
Address: 13606 SE 108 COURT ROAD
City-St-Zip: OCKLAWAHA, FL 32179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RILEY, KAREN J
Address: 13604 SE 108 COURT ROAD
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: VP (X) Change () Addition
Name: LASTER, JESSE L
Address: 13604 SE 108 COURT ROAD
City-St-Zip: OCKLAWAHA, FL 32179 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN J. RILEY

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date