

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083947

FILED
Jan 10, 2011
Secretary of State

Entity Name: ENVISION MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 20-3389462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PULS, JAMES M
3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 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: ST
Name: PULS, JAMES M
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619

Title: D/P
Name: BARRY, KATZ
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619

Title: D
Name: NAGLE, KEVIN
Address: 1100 INVESTMENT BLVD.
City-St-Zip: EL DORADO HILLS, CA 95762 US

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: JAMES M PULS

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01/10/2011

Electronic Signature of Signing Officer or Director

_____ Date