2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ELECTRONIC HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7800 WEST OAKLAND PARK BLVD.
SUITE E-214
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

7800 WEST OAKLAND PARK BLVD.
SUITE E-214
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-0176126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH
7800 WEST OAKLAND PARK BLVD.
SUITE E-214
SUNRISE, FL 33351 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: P
Name: GONZALEZ, MANUEL
Address: 7800 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: TR
Name: PETER, ANZALONE
Address: 7800 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: S
Name: JOSEPH, DI CAPUA
Address: 7800 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: SMETS, MICHAEL
Address: 7800 W OAKLAND PARK BLVD. E 214
City-St-Zip: SUNRISE, FL 33351

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: JOSEPH DI CAPUA SEC 01/08/2010

Electronic Signature of Signing Officer or Director Date