

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093003	
1. Entity Name EDGEMED HEALTHCARE SOLUTIONS INC.	

Principal Place of Business 1650 S. POWERLINE RD. SUITE F DEERFIELD BEACH, FL 33442	Mailing Address 1650 S. POWERLINE RD. SUITE F DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

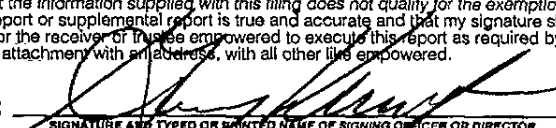
6. Name and Address of Current Registered Agent KURSTIN, GARY 7917 GLEN NEVIS TERR BOCA RATON, FL 33496	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____		DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000230184 02/15/05-80033-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KURSTIN, GARY 1650 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.	
SIGNATURE: 	Date: 2/11/05 Daytime Phone #: 934-426-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	