2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000593003 1. Entity Name EDGEMED HEALTHCAFE SOLUTIONS INC.



Principal Place of Business

Mailing Address

1650 S. POWERLINE RD. SUITE F

1650 S. POWERLINE RD.

DEERFIELD BEACH, FL 33442

SUITE F DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02012007

4. FEI Number 65-0820431 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

Mar 08, 2007 08:00 AM Secretary of State

6. Name and Address of Current Registered Agent

KURSTIN, GARY 7917 GLEN NEVIS TERR BOCA RATON, FL 33496

of the corporation or the receiver s changed, or on an attachment with

SIGNATURE:

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURSTIN, GARY 1650 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000659679 03/16/07-80040-013 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; that I am an officer or director of the corporation or the receiver or true and accurate this report as required by Chapter 607, Forida Statutes; and that my name appears in Block 10 or Block 11 if					