2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# P97000093003

Entity Name: EDGEMED HEALTHCARE SOLUTIONS INC.

Current Principal Place of Business:

1650 S. POWERLINE RD.
SUITE F
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1650 S. POWERLINE RD.
SUITE F
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0820431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KURSTIN, GARY
7917 GLEN NEVIS TERR
BOCA RATON, FL 33496 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: COB
Name: KURSTIN, GARY CEO
Address: 1650 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P
Name: KURSTIN, RYAN
Address: 1650 S. POWERLINE ROAD STE F
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ST
Name: KURSTIN, SCOTT COO
Address: 1650 S. POWERLINE ROAD STE F
City-St-Zip: DEERFIELD BEACH, FL 33442

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: GARY KURSTIN CEO 01/09/2012

Electronic Signature of Signing Officer or Director Date