

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075908

Entity Name: AXCISS HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

450 EAST HIGHWAY 50
UNIT 4
CLERMONT, FL 34711

Current Mailing Address:

P. O. BOX 560066
MONTVERDE, FL 34756 US

FEI Number: 59-3665228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBURN, MICHAEL P
450 EAST HIGHWAY 50
UNIT 4
CLERMONT, FL 34711 US

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

Officer/Director Detail :

Title D
Name COBURN, MICHAEL P
Address 450 EAST HIGHWAY 50
 UNIT 4
City-State-Zip: CLERMONT FL 34711

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: MICHAEL P. COBURN

PRESIDENT

04/15/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date