

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000093003

**FILED  
Jan 23, 2013  
Secretary of State  
CC8664076190**

**Entity Name:** EDGEMED HEALTHCARE SOLUTIONS INC.

**Current Principal Place of Business:**

4800 TREX AVENUE  
SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

4800 TREX AVENUE  
SUITE 200  
BOCA RATON, FL 33431 US

**FEI Number: 65-0820431**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KURSTIN, GARY  
7917 GLEN NEVIS TERR  
BOCA RATON, FL 33496 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 COB  
Name KURSTIN, GARY CEO  
Address 4800 TREX AVENUE  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title P  
Name KURSTIN, RYAN  
Address 4800 TREX AVENUE  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title ST  
Name KURSTIN, SCOTT COO  
Address 4800 TREX AVENUE  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

*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**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date