

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73357

Entity Name: WINGS HEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684

Current Mailing Address:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

FEI Number: 59-3148745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWSER, MATTHEW J
35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 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 P
Name BOWSER, MATTHEW J.
Address 35246 US HWY 19 N, #303
City-State-Zip: PALM HARBOR FL 34684

Title SC
Name BOWSER, PAMELA
Address 35246 US HWY 19 N, #303
City-State-Zip: PALM HARBOR FL 34684

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: MATT BOWSER

PRESIDENT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date