

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004067

Entity Name: SHARED HEALTH SERVICES, INC.

Current Principal Place of Business:

207 E. MAIN STREET, SUITE 1E
JOHNSON CITY, TN 37604

Current Mailing Address:

207 E. MAIN STREET, SUITE 1E
JOHNSON CITY, TN 37604

FEI Number: 62-1586997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKETT, ROBIN
3290 WATERMAN WAY
TAVARES, FL 32778 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 DAVIS, DAVID
Address 207 E. MAIN STREET, SUITE 1E
City-State-Zip: JOHNSON CITY TN 37604

Title S
Name DAVIS, JOYCE
Address 207 E. MAIN STREET, SUITE 1E
City-State-Zip: JOHNSON CITY TN 37604

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: DAVID DAVIS

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date