


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000158	
1. Entity Name OAO HEALTHCARE SOLUTIONS, INC.	

Principal Place of Business 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MD 20770	Mailing Address 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MD 20770
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4659947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEADER, CHARLES 7500 GREENWAY CTR. DR., 16TH FL GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFD FOX, J. JEFFREY 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATTNER, DAVID L 7500 GREENWAY CTR. DR., 16TH FL GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELL, CHRISTINE M 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/04-80020-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	2/14/04	301 486 0400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>