

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001205

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** GLOBAL HEALTHCARE EXCHANGE, INC.

**Current Principal Place of Business:**

1315 W CENTURY DR.  
LOUISVILLE, CO 80027

**New Principal Place of Business:**

1315 W CENTURY DR.  
LOUISVILLE, CO 800279560 US

**Current Mailing Address:**

1315 W CENTURY DR.  
LOUISVILLE, CO 80027

**New Mailing Address:**

1315 W CENTURY DR.  
LOUISVILLE, CO 800279560 US

**FEI Number:** 84-1502378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PDIR  
Name: JOHNSON, BRUCE PDIR  
Address: 1315 W CENTURY DR.  
City-St-Zip: LOUISVILLE, CO 800279560 US

Title: SEC  
Name: MCMANUS, CHRISTOPHER SEC  
Address: 1315 W CENTURY DR.  
City-St-Zip: LOUISVILLE, CO 800279560 US

Title: TDIR  
Name: GILLESPIE, ROB TDIR  
Address: 1315 W CENTURY DR.  
City-St-Zip: LOUISVILLE, CO 800279560 US

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: DARETH JEFFERS

POA

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date