

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000254

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: SOUTHEAST HEALTH SOLUTIONS, INC.

## Current Principal Place of Business:

5841 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967

## New Principal Place of Business:

1103 NAUTICAL WAY  
VERO BEACH, FL 32963

## Current Mailing Address:

5841 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967

## New Mailing Address:

1103 NAUTICAL WAY  
VERO BEACH, FL 32963

FEI Number: 58-2177278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLF, KARL H  
5841 PINE RIDGE CIRCLE  
VERO BEACH, FL 32967 US

## Name and Address of New Registered Agent:

WOLF, KARL H  
1103 NAUTICAL WAY  
VERO BEACH, FL 32963 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WOLF, KARL H  
Address: 5841 PINE RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: VST ( ) Delete  
Name: WOLF, TANA L  
Address: 5841 PINE RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: WOLF, KARL H  
Address: 1103 NAUTICAL WAY  
City-St-Zip: VERO BEACH, FL 32963

Title: VST (X) Change ( ) Addition  
Name: WOLF, TANA L  
Address: 1103 NAUTICAL WAY  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARL H. WOLF

CP

01/08/2009

Electronic Signature of Signing Officer or Director

Date