2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F04000004075

Entity Name: IN COMPASS HEALTH, INC.

Current Principal Place of Business:

318 MAXWELL ROAD STE. 500
ALPHARETTA, GA 30004

New Principal Place of Business:

318 MAXWELL ROAD STE. 500
ALPHARETTA, GA 30009

Current Mailing Address:

318 MAXWELL ROAD STE. 500
ALPHARETTA, GA 30004

New Mailing Address:

318 MAXWELL ROAD STE. 500
ALPHARETTA, GA 30009

FEI Number: 58-2569897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HOLLOWAY, ROBERT J
Address: 318 MAXWELL ROAD S-500
City-St-Zip: ALPHARETTA, GA 30004

Title: PRE ( ) Delete
Name: FULLER, DAN
Address: 318 MAXWELL ROAD S-500
City-St-Zip: ALPHARETTA, GA 30004

Title: CFO ( ) Delete
Name: EADE, ARTHUR C
Address: 318 MAXWELL ROAD S-500
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: HOLLOWAY, ROBERT J
Address: 318 MAXWELL ROAD S-500
City-St-Zip: ALPHARETTA, GA 3000

Title: PRE (X) Change ( ) Addition
Name: FULLER, DAN
Address: 318 MAXWELL ROAD S-500
City-St-Zip: ALPHARETTA, GA 30009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARCIA PARKERSON CONT 03/19/2009
Electronic Signature of Signing Officer or Director Date