
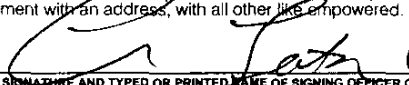


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90402 030 ***150.00

DOCUMENT # F05000005180					
1. Entity Name IN-HOUSE CARE SOLUTIONS, INC.					
Principal Place of Business 1035 Powers Place Alpharetta, GA 30004			Mailing Address 1035 Powers Place Alpharetta, GA 30004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3759201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input checked="" type="checkbox"/> Delete DEERING, LAWRENCE R 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arnold M. Whitman, Chm/CEO/Dir <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1035 Powers Place Alpharetta, GA 30004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO <input checked="" type="checkbox"/> Delete CONTE, JOSEPH D 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher M. Sertich, P/S/T/Dir <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1035 Powers Place Alpharetta, GA 30004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete CORSETTI, ROSEMARY L 301 GRANT STREET, 20TH FLOOR PITTSBURGH, PA 15219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Serge A. Learsy, VP/Dir <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1650 Tysons Blvd. Ste 1600 McLean, VA 22102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CURCIO, EUGENE R 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  Christopher M. Sertich 4/10/07 770-754-9660					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					