2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# F06000005719

Entity Name: ARCADIA HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

801 N. MAGNOLIA AVENUE
SUITE 210
ORLANDO, FL 32803

New Principal Place of Business:

801 N. MAGNOLIA AVENUE
SUITE 405
ORLANDO, FL 32803

Current Mailing Address:

801 N. MAGNOLIA AVENUE
SUITE 210
ORLANDO, FL 32803

New Mailing Address:

801 N. MAGNOLIA AVENUE
SUITE 405
ORLANDO, FL 32803

FEI Number: 20-2603088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRISH, REBECCA R
801 N. MAGNOLIA AVENUE
SUITE 210
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

KUHNERT, LARRY R
405 5TH AVENUE, SOUTH
SUITE 6
NAPLES, FL 34102 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: LARRY KUHNERT 01/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ELLIOTT, JOHN E II
Address: 405 5TH AVENUE SOUTH #6
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: KUHNERT, LARRY R
Address: 405 5TH AVENUE SOUTH #6
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: KUHNERT, LAWRENCE R
Address: 405 5TH AVENUE SOUTH #6
City-St-Zip: NAPLES, FL 34102

Title: ST (X) Delete
Name: IRISH, REBECCA R
Address: 801 N. MAGNOLIA AVENUE #210
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY KUHNERT P 01/24/2007
Electronic Signature of Signing Officer or Director Date