

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005719

FILED
Apr 25, 2008
Secretary of State

Entity Name: ARCADIA HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

801 N. MAGNOLIA AVENUE
SUITE 405
ORLANDO, FL 32803

Current Mailing Address:

801 N. MAGNOLIA AVENUE
SUITE 405
ORLANDO, FL 32803

New Principal Place of Business:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

New Mailing Address:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

FEI Number: 20-2603088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHNERT, LARRY R
405 5TH AVENUE, SOUTH
SUITE 6
NAPLES, FL 34102 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: 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDSON, MARVIN
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

Title: T (X) Change () Addition
Name: MIDDENDORF, MATTHEW
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

Title: S (X) Change () Addition
Name: MOLIN, MICHELLE
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

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: MARVIN RICHARDSON

MR.

04/25/2008

Electronic Signature of Signing Officer or Director

Date