

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005719

FILED
Jan 04, 2010
Secretary of State

Entity Name: ARCADIA HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

New Principal Place of Business:

Current Mailing Address:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

New Mailing Address:

FEI Number: 20-2603088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: RICHARDSON, MARVIN
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

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

Title: SEC
Name: MIDDENDORF, MATTHEW
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR
Name: RICHARDSON, MARVIN
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240 US

Title: DIR
Name: MIDDENDORF, MATTHEW
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW MIDDENDORF

SEC

01/04/2010

Electronic Signature of Signing Officer or Director

Date