

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004005

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INFOCROSSING HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

14055 RIVEREDGE DR., STE. 450, BLDG. 3  
TAMPA, FL 33637

## New Principal Place of Business:

2 CHRISTIE HEIGHTS STREET  
LEONIA, NJ 07905

## Current Mailing Address:

2 CHRISTIE HEIGHTS ST.  
LEONIA, NJ 07605

## New Mailing Address:

2 CHRISTIE HEIGHTS STREET  
LEONIA, NJ 07905

FEI Number: 58-2040043

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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: AMY S. ZEIGLER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLACH, ROBERT B  
Address: 2 CHRISTIE HEIGHTS ST.  
City-St-Zip: LEONIA, NJ 07605

Title: DCEO ( ) Delete  
Name: LONSTEIN, ZACH  
Address: 2 CHRISTIE HEIGHTS ST.  
City-St-Zip: LEONIA, NJ 07605

Title: S ( ) Delete  
Name: LETIZIA, NICHOLAS J  
Address: 2 CHRISTIE HEIGHTS ST.  
City-St-Zip: LEONIA, NJ 07605

Title: TCFO ( ) Delete  
Name: RAJAGOPALAN, SHIVAKUMAR  
Address: 2 CHRISTIE HEIGHTS ST.  
City-St-Zip: LEONIA, NJ 07605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOT (X) Change ( ) Addition  
Name: RAJAGOPALAN, SHIVAKUMAR  
Address: 2 CHRISTIE HEIGHTS STREET  
City-St-Zip: LEONIA, NJ 07905

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 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: NICHOLAS J. LETIZIA

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date