

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005037

FILED
Apr 30, 2012
Secretary of State

Entity Name: DSHEALTHCARE INC.

Current Principal Place of Business:

411 HACKENSACK AVENUE
9TH FLOOR
HACKENSACK, NJ 07601

New Principal Place of Business:

Current Mailing Address:

221 WEST PHILADELPHIA ST
C/O TAX SUITE 60W
YORK, PA 17401

New Mailing Address:

FEI Number: 33-1168268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

OFFICERS AND DIRECTORS:

Title: P
Name: WISE, BRET W
Address: 221 WEST PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

Title: D
Name: JELLISON, WILLIAM R
Address: 221 WEST PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

Title: D
Name: CLARK, CHRISTOPHER T
Address: 221 WEST PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

Title: VP
Name: WINTERS, ROBERT J
Address: 221 WEST PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

Title: T
Name: REARDON, WILLIAM E
Address: 221 WEST PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

Title: SVP
Name: SIZE, ROBERT J
Address: 221 W PHILADELPHIA ST SUITE 60W
City-St-Zip: YORK, PA 17401

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: ROBERT J. WINTERS

VP

04/30/2012

Electronic Signature of Signing Officer or Director

Date