2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# F08000003177

Entity Name: WHITECH MEDICAL SOLUTIONS INC.

Current Principal Place of Business:

1575 CHATTANOOGA AVE SUITE 2
DALTON, GA 30720

New Principal Place of Business:

Current Mailing Address:

1575 CHATTANOOGA AVE SUITE 2
DALTON, GA 30720

New Mailing Address:

FEI Number: 58-2658772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, APRIL
4651 SALISBURY RD 4TH FLOOR
JACKSOVNILLE, FL 32256 US

Name and Address of New Registered Agent:

WHITE, APRIL
6326 ENDELSTON LN
JACKSOVNILLE, FL 32258 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: APRIL WHITE 08/19/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: WHITE, JEFFEORY JR
Address: 1575 CHATTANOOGA AVE SUITE 2
City-St-Zip: DALTON, GA 30720

Title: V ( ) Delete
Name: WHITE, CLARA A
Address: 1575 CHATTANOOGA AVE SUITE 2
City-St-Zip: DALTON, GA 30720

Title: ST ( ) Delete
Name: WHITE, APRIL
Address: 1575 CHATTANOOGA AVE SUITE 2
City-St-Zip: DALTON, GA 30720

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:

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: CLARA WHITE V 08/19/2009
Electronic Signature of Signing Officer or Director Date