

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005338

FILED
Mar 25, 2009
Secretary of State

Entity Name: OMH-HEALTHEDGE HOLDINGS, INC.

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE
SUITE 650
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 SOUTH ASHLEY DRIVE
SUITE 650
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-5803714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, RALPH
100 SOUTH ASHLEY DRIVE
SUITE 650
TAMPA, FL 33602 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: DCEO () Delete
Name: NATARAJAN, GOPI
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: DCFO () Delete
Name: NELSON, RALPH
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MEHTA, ANURAG
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: DINGLE, PHIL
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BLUE, HAROLD
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: DRISLANE, DENNIS
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: NELSON, RALPH
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

Title: DEVP (X) Change () Addition
Name: MEHTA, ANURAG
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

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: RALPH NELSON

CFO

03/25/2009

Electronic Signature of Signing Officer or Director

Date