

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005338

FILED
Feb 04, 2011
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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: NATARAJAN, GOPI
Address: 100 SOUTH ASHLEY DRIVE #650
City-St-Zip: TAMPA, FL 33602

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

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

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

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

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

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: RALPH NELSON

CFO

02/04/2011

Electronic Signature of Signing Officer or Director

Date