

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003591

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** KIG HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

10777 SUNSET OFFICE DRIVE, STE. 200  
LOUIS, MO 63127

**New Principal Place of Business:**

**Current Mailing Address:**

10777 SUNSET OFFICE DRIVE, STE. 200  
LOUIS, MO 63127

**New Mailing Address:**

**FEI Number:** 20-2541659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODRICH, CHERIE  
9548 CHARLESBERG DRIVE  
TAMPA, FL 33635 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:** CT  
**Name:** KEANE, C. JOHN JR.  
**Address:** 10777 SUNSET OFFICE DRIVE, STE. 200  
**City-St-Zip:** LOUIS, MO 63127

**Title:** VC  
**Name:** ANDERSON, SCOTT J  
**Address:** 10777 SUNSET OFFICE DRIVE, STE. 200  
**City-St-Zip:** LOUIS, MO 63127

**Title:** DS  
**Name:** DAMES, BRIAN W  
**Address:** 10777 SUNSET OFFICE DRIVE, STE. 200  
**City-St-Zip:** LOUIS, MO 63127

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:** C. JOHN KEANE

CT

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date