

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003591

**FILED**  
**Mar 10, 2011**  
**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:**

135 WEST ADAMS  
KIRKWOOD, MO 63122

**Current Mailing Address:**

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

**New Mailing Address:**

135 WEST ADAMS  
KIRKWOOD, MO 63122

**FEI Number:** 20-2541659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOODRICH, CHERIE  
9548 CHARLESBERG DRIVE  
TAMPA, FL 33635 US

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

GOODRICH, CHERIE  
12209 SNEAD PLACE  
TAMPA, FL 33624 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:

Electronic Signature of Registered Agent

03/10/2011

Date

**OFFICERS AND DIRECTORS:**

Title: CT  
Name: KEANE, C. JOHN JR.  
Address: 135 WEST ADAMS  
City-St-Zip: KIRKWOOD, MO 63122

Title: VC  
Name: ANDERSON, SCOTT J  
Address: 135 WEST ADAMS  
City-St-Zip: KIRKWOOD, MO 63122

Title: DS  
Name: DAMES, BRIAN W  
Address: 135 WEST ADAMS  
City-St-Zip: KIRKWOOD, MO 63122

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, JR

CT

03/10/2011

Electronic Signature of Signing Officer or Director

Date