

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005139

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

279 ABERNATHY CIRCLE SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

279 ABERNATHY CIRCLE SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 26-4084589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIXON, RICHARD K  
279 ABERNATHY CIRCLE SE  
PALM BAY, FL 32909 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: CP  
Name: DIXON, RICHARD K  
Address: 279 ABERNATHY CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

Title: VC  
Name: DIXON, MARGARET Y  
Address: 279 ABERNATHY CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

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: RICHARD K. DIXON

PRES

04/25/2011

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

\_\_\_\_\_  
Date