

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002658

FILED
Jan 04, 2012
Secretary of State

Entity Name: GOOLD HEALTH SYSTEMS, INC.

Current Principal Place of Business:

45 COMMERCE DRIVE
STE. 5
AUGUSTA, ME 043307889

New Principal Place of Business:

Current Mailing Address:

PO BOX 1090
AUGUSTA, ME 043321090

New Mailing Address:

FEI Number: 01-0475134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: PT
Name: MULKERN, VICTORIA
Address: 45 COMMERCE DRIVE, STE. 5
City-St-Zip: AUGUSTA, ME 043307889

Title: VPCD
Name: WALDRON, WILLIAMA G JR.
Address: 45 COMMERCE DRIVE, STE. 5
City-St-Zip: AUGUSTA, ME 043307889

Title: SCEO
Name: CLAIR, JAMES A
Address: 45 COMMERCE DRIVE, STE. 5
City-St-Zip: AUGUSTA, ME 043307889

Title: EVPT
Name: GROTTON, JOHN RPH
Address: 45 COMMERCE DRIVE, STE. 5
City-St-Zip: AUGUSTA, ME 043307889

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: JAMES A. CLAIR

CEO

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date